SLAITS NATIONAL SURVEY OF
CHILDREN WITH SPECIAL HEALTH CARE NEEDS 2
CATI SPECIFICATIONS
July 6, 2005

_____

Section 1. NIS/SLAITS ELIGIBILITY AND SCREENERS

S.C. = Sample Child

[CATI INSTRUCTIONS:
CREATE A FLAG THAT WOULD IDENTIFY THE TWO SAMPLES
IF REPLID IN (   ) THEN SAMPLE_USE_CODE = 02 (MAIN SAMPLE);
IF REPLID IN (   ) THEN SAMPLE_USE_CODE = 3 (REFERENT SAMPLE);
IF REPLID IN (   ) THEN SAMPLE_USE_CODE = 4 (AUGMENTATION SAMPLE).

Intro_01   Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study.

     (01) CONTINUE WITH INTERVIEW   **[SKIP TO S1]**
     (02) CONFIRM THIS IS A BUSINESS   **[SKIP TO SALZ]**
     (88) EMERGENCY NO KIDS CONFIRMATION   **[GO TO SF9]**
     (04) ANSWERING MACHINE   **[SET ITS = 34, 35, 36, OR 37]**
     (05) ANSWERING SERVICE   **[GO TO SASERV]**

SALZ   Is this telephone number for business use only?

     (01) YES   **[GO TO SALZ_BUS**
     (02) NO   **(SKIP BACK TO Intro_01)**
     (88) EMERGENCY. NO CHILDREN   **[GO TO SF9]**

SALZ_BUS   We are interviewing only private residences. Thank you very much. **[ENTER DISPOSITION AND TERMINATE INTERVIEW AND SET ITS=38]**

SASSERV   BASED ON THE ANSWERING SERVICE, WAS THIS DEFINITELY A BUSINESS, A HOUSEHOLD, OR COULD NOT BE DETERMINED?

     (01) BUSINESS – SET TO BUSINESS DISPOSITION
     (02) HOUSEHOLD – SET TO CALL BACK
     (03) COULD NOT DETERMINE – SET AS CALL BACK

     [TERMINATE INTERVIEW]

S1   Am I speaking to someone who lives in this household who is over 17 years old?
IF NO, ASK "Is there someone who lives in this household who is over 17 that I may speak with?"

     (01) YES, I AM THAT PERSON   **[SKIP TO S_NUMB]**
     (02) THIS IS A BUSINESS   **[SKIP TO SALZ_BUS]**
     (03) NEW PERSON COMES TO PHONE   **[SKIP BACK TO INTRO_01]**
     (08) DOES NOT LIVE IN HOUSEHOLD   **[CALLBACK, SET DISP AND TERMINATE]**
     (09) NO PERSON AT HOME WHO IS OVER 17   **[SKIP TO S2_B]**
     (99) REFUSED   **[GO TO REFUSAL CONVERSION, SET DISP AND TERMINATE]**

     HELP SCREEN (S1): IF R SAYS 'GROUP QUARTERS': BARRACKS, DORMITORIES, HOSPITALS, SCHOOLS SHOULD BE CODED AS "DOES NOT LIVE IN HOUSEHOLD"

S2_B   Does anyone live in your household who is over 17 years old?
                (01) YES > When would be a good time for me to call back and talk to that person?
                [SCHEDULE APPOINTMENT]
                (02) No **[TERMINATE INTERVIEW]**
                (88) EMERGENCY, NO CHILDREN **[GO TO SF9]**

SF9   Just to make sure I have this correct, are there any children between the ages of 18 months and 36
                months old living or staying in your household?

                (01) YES   **[RETURN TO QUESTION THAT ROUTED TO SF9]**
                (02) NO   **[TERMINATE INTERVIEW]**

NIS SCREENING

S_NUMB   How many children between the ages of 12 months and 3 years old are living or staying in your
                household?
                HELP SCREEN (S_NUMB): CHILDREN IN THIS CATEGORY HAVE TURNED 19
                MONTHS OLD AND HAVE NOT CELEBRATED THEIR THIRD BIRTHDAY.

                IF ONE OR MORE, ENTER
                NUMBER OF CHILDREN   _____   **(CATI: RANGE IS 00 TO 09)**
                (77) DON'T KNOW   **[TERMINATE AND DISP AS CALLBACK]**
                (99) REFUSED   **[TERMINATE AND DISP AS REFUSAL]**

                **[IF S_NUMB = 0 and sample_use_code = 2 or 3 then go to S_UNDR18 in SLAITS Roster,
                ELSE GO TO S3_TERM]**
                [CATI: IF S_NUMB > 0, CONTINUE WITH NIS INTERVIEW.]

ROSTER SECTION BEGINS

[TIME STAMPS – SECTION1]

INTRO_AUG   **IF sample_use_code = 4, READ INTRO_AUG. ELSE, SKIP TO S_UNDR18**

                Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and
                Prevention. We are doing a survey about the health of children and teenagers across the United
                States, (and I was told that you were the person to talk with about the health of the child or
                children in your household). (Use the parenthetical for MKR call back interviews)

                (01) CONTINUE WITH INTERVIEW

[FROM THIS POINT FORWARD, IF sample_use_code=4 > FOLLOW PATH OF sample_use_code=2]

S_UNDR18 **[IF S_NUMB GE 01 AND NIS IS DONE, FILL S_UNDR18 FROM NIS DATA S_UNDR18 = C1 – C1A. C1 – C1A CANNOT BE LE 0. IF THAT IS THE CASE, ASK S_UNDR18]**

How many people less than 18 years old live in this household?
(CATI: 02 NUMERIC-CHARACTER FIELD TO ALLOW FOR DK/REF VALUES, RANGE: 00-09)

_____ _____
(77) Don't know **[TERMINATE AND DISP AS A CALLBACK]**
(99) Refused **[TERMINATE AND DISP AS A REFUSAL]**

A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:
- HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL

NUMBER OF CHILDREN = 0 > GO TO NOCHILD
NUMBER OF CHILDREN > 1 AND HH NIS-ELIGIBLE > GO TO SL_INTRO
NUMBER OF CHILDREN > 1 AND HH NIS-INELIGIBLE > GO TO ISC200

NOCHILD Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.
[TERMINATE]

ISC200 **(IF NIS-ELIGIBLE HOUSEHOLD, SKIP TO SL_INTRO)**
We need to talk to the parent or guardian who lives in this household who knows the most about the health and health care of the **(IF S_UNDR18 = 1 INSERT 'child'/ IF S_UNDR18 GE 1, INSERT 'children')** under 18. Who would that be?

(01) MYSELF   **(SKIP TO SL_INTRO)**
(02) SOMEONE ELSE   **(SKIP TO ISC205)**

(many inches down on the screen)
HELPSCREEN:
NOTE: THE FOLLOWING OPTION SHOULD BE USED VERY RARELY. IF YOU DO SELECT THIS OPTION, IT WILL BE CAREFULLY REVIEWED BY A SUPERVISOR. BE SURE TO LEAVE GOOD CALL NOTES!

(33) THERE IS NO ONE PERSON WHO KNOWS ABOUT *ALL* THE CHILDREN IN THE HOUSEHOLD > **GO TO CWEND, SET ITS CODE AS 53**

ISC205 What is that person's name?
_____ { NAME} **(SKIP TO ISC240)**

ISC240   Because the rest of the survey is about the health and health care of the **(IF S_UNDR18 = 1 INSERT 'child'/ IF S_UNDR18 GE 1, INSERT 'children')** under 18, may I speak with **{NAME FROM ISC205}** now?

(01) YES   **(SKIP TO INTRO3)**
(02) NO   **(GO TO SCHEDULE APPOINTMENT)**

SL_INTRO   **IF sample_use_code = 2 AND S3_INTRO WAS READ OR IF NIS S3_INTRO READ AND NIS-INELIGIBLE HOUSHOLD:**
Next, I have some questions about some other health care needs of children. As before, you may choose not to answer any question, and you may end the questions any time you want. There is no penalty for doing this. These questions take between 5 and 25 minutes, but for most families, it's around 10 minutes. I'd like to continue now unless you have any questions.

IF sample_use_code = 2 AND NIS-INELIGIBLE HOUSEHOLD:
Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time. We are required by federal laws to keep your answers strictly private. I can describe these laws if you want. They guarantee that your answers will be used only for statistical research. The questions take between 5 and 25 minutes, but for most families, it's around 10 minutes. In order to review my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

IF sample_use_code = 3 AND S3_INTRO WAS READ OR IF NIS S3_INTRO READ AND NIS-INELIGIBLE HOUSHOLD:
Next, I have some questions about some other health care needs of children. As before, you may choose not to answer any question, and you may end the questions any time you want. There is no penalty for doing this. These questions take between 15 and 25 minutes. I'd like to continue now unless you have any questions.

IF sample_use_code = 3 AND NIS-INELIGIBLE HOUSEHOLD:
Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time. We are required by federal laws to keep your answers strictly private. I can describe these laws if you want. They guarantee that your answers will be used only for statistical research. The questions take between 15 and 25 minutes. In order to review my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

(01) CONTINUE WITH INTERVIEW   **[IF SAMPLE_USE_CODE = 2 AND S3_INTRO WAS READ OR IF S3_INTRO READ AND NIS-INELIGIBLE HOUSEHOLD, GO TO SECTION 2 CATI INSTRUCTIONS**

IF SAMPLE_USE_CODE = 3 AND S3_INTRO WAS READ OR IF S3_INTRO WAS READ AND NIS-INELIGIBLE HOUSEHOLD, GO TO SECTION 2 CATI INSTRUCTIONS

ELSE, GO TO SL_INTRO_EVAL_R]
(02) HUNG UP DURING 1ST/2ND SENTENCE   **(SET ITS CODE AS REFUSAL(23)**
(03) HUNG UP DURING 3RD/4TH SENTENCE   **(SET ITS CODE AS REFUSAL(23)**
(04) HUNG UP DURING 5TH/6TH SENTENCE   **(SET ITS CODE AS REFUSAL(23)**
(05) HUNG UP DURING 7TH/8TH SENTENCE   **(SET ITS CODE AS REFUSAL(23)**

READ IF NECESSARY: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act.

SL_INTRO_EVAL_R

       (01)   YES, RESPONDENT AGREES TO RECORDING/LISTENING **(GO TO SECTION 2 CATI INSTRUCTIONS)**

       (02)   NO, RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING **(GO TO SECTION 2 CATI INSTRUCTIONS)**

INTRO3   Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a survey about the health of children and teenagers, and I was told that you were the person to talk with about the health of the **(IF S_UNDR18 = 1 INSERT 'child'/ IF S_UNDR18 GE 1, INSERT 'children')** in your household.

       01 – ENTER TO CONTINUE

INTRO3B   **IF sample_use_code = 2 AND NIS-INELIGIBLE HOUSEHOLD:**
Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time. We are required by federal laws to keep your answers strictly private. I can describe these laws if you want. They guarantee that your answers will be used only for statistical research. The questions take between 5 and 25 minutes, but for most families, it's around 10 minutes. In order to review my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

     IF sample_use_code = 3 AND NIS-INELIGIBLE HOUSEHOLD:
Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time. We are required by federal laws to keep your answers strictly private. I can describe these laws if you want. They guarantee that your answers will be used only for statistical research. The questions take between 15 and 25 minutes. In order to review my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

     (01) CONTINUE WITH INTERVIEW   **(GO TO INTRO3B_EVAL_R)**
     (02) HUDI – DURING 1ST/2ND SENTENCE **(SET REFUSAL 23)**
     (03) HUDI – DURING 3RD/4TH SENTENCE **(SET REFUSAL 23)**
     (04) HUDI – DURING 5TH/6TH SENTENCE **(SET REFUSAL 23)**
     (05) HUDI – DURING 7TH/8TH SENTENCE **(SET REFUSAL 23)**

     READ IF NECESSARY: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act.

INTRO3B_EVAL_R

       (01) YES, RESPONDENT AGREES TO RECORDING/LISTENING **(GO TO SECTION 2 CATI INSTRUCTIONS)**

       (02) NO, RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING **(GO TO SECTION 2 CATI INSTRUCTIONS)**

Section 2. INITIAL SCREENING.

[TIME STAMPS – SECTION21]

<u>IF sample_use_code = 2</u>

CATI: C2Q01 THROUGH C2Q03 AND CW10Q01THROUGH CW10Q02a ARE TO BE ASKED FOR ALL CHILDREN WITHIN A HOUSEHOLD. ALLOW LOOP FOR UP TO 9 CHILDREN. THE LOOP WILL HAVE TO OCCUR FIRST FOR C2Q01-AGE_CONF FOR ALL CHILDREN, SECOND FOR C2Q03, AND LATER FOR CW10Q01-CW10Q02a.

IF ANY CHILD WAS NIS-ELIGIBLE, AND DEMOGRAPHIC QUESTIONS WERE ASKED IN NIS INTERVIEW, DO NOT REPEAT FOR THAT CHILD/THOSE CHILDREN HERE.

IF HOUSEHOLD WAS NIS-ELIGIBLE AND ANY NIS INTERVIEW WAS PERFORMED AND S_UNDR18 >S_NUMB, SKIP TO C2Q0A.
ELSE GO TO SC1_INTRO
FOR C2Q01: IF S_UNDR18 >1, USE "the oldest child", "second oldest child", ETC. FOR (CHILD) FILL /
IF S_UNDR18=1, USE "your child" FOR (CHILD) FILL

<u>IF sample_use_code = 3</u>

BASED ON THE VALUE OF S_UNDR18, CREATE A ROSTER OF CHILDREN IN THE HOUSEHOLD. THE ROSTER WILL HAVE UP TO 9 CHILDREN. CHILDREN WILL BE ROSTERED FROM THE OLDEST TO THE YOUNGEST.

1.   **THE OLDEST CHILD**
2.   **THE SECOND OLDEST CHILD**
3.   **THE THIRD OLDEST CHILD**
4.   **THE FOURTH OLDEST CHILD**
5.   **THE FIFTH OLDEST CHILD**
6.   **THE SIXTH OLDEST CHILD**
7.   **THE SEVENTH OLDEST CHILD**
8.   **THE EIGHTH OLDEST CHILD**
9.   **THE NINTH OLDEST CHILD**

TO SIMPLIFY THE IDENTIFICATION OF THE SELECTED CHILD, THE CHILD IN THE ROSTER POSITION WITH THE VALUE OF S_UNDR18 WILL BE REFERRED TO AS THE YOUNGEST CHILD. I.E., IF THERE ARE THREE CHILDREN IN THE HOUSEHOLD, THE THIRD CHILD IN THE ROSTER IS REFERRED TO AS THE YOUNGEST.

NEXT, RANDOMLY SELECT <u>ONE</u> CHILD BASED ONLY ON THAT CHILD'S POSITION IN THE ROSTER. STORE THE ROSTER POSITION OF THE CHILD IN FLG_HH (01- 9).
THE FILL [S.C.] WILL REFLECT THE CHILD'S AGE, FOR EXAMPLE, THE SECOND OLDEST CHILD.

ALL OF THE QUESTIONS STARTING WITH C2Q01 WILL BE ASKED ABOUT THE SELECTED CHILD <u>ONLY</u>.

IF NIS INTERVIEW WAS CONDUCTED, GO TO NIS_WHO, ELSE GO TO SELECTION.

NIS_WHO   **[IF S_NUMB = S_UNDR18 = 1, GO TO SC1_INTRO]**
              The rest of the survey will be about the health and health care of **(S.C.)** who lives in your
              household.   Is this **(FILL NAME FROM NIS, IF MORE THAN ONE NIS-ELIGIBLE
              CHILD WAS IDENTIFIED, FILL THE NAMES OF ALL NIS CHILDREN. IF MORE
              THAN ONE NIS CHILD, THE LAST NAME SHOULD BE PRECEDED WITH** 'or')**?**

              1.   FIRST NIS CHILD NAME >**GO TO C2Q01**
              2.   SECOND NIS CHILD NAME >**GO TO C2Q01**
              3.   THIRD NIS CHILD NAME >**GO TO C2Q01**
              4.   FOURTH NIS CHILD NAME >**GO TO C2Q01**
              5.   FIFTH NIS CHILD NAME >**GO TO C2Q01**
              6.   SIXTH NIS CHILD NAME >**GO TO C2Q01**
              7.   SIXTH NIS CHILD NAME >**GO TO C2Q01**
              8.   SEVENTH NIS CHILD NAME >**GO TO C2Q01**
              9.   EIGHTH NIS CHILD NAME >**GO TO C2Q01**
              10. NO > **GO TO C2Q01**

SELECTION   **(IF S_UNDR18 = 1 then fill (S.C.) with "the child")**.The rest of the survey will be about the
              health and health care of **(S.C.)** who lives in your household**.**

Begin Loop

C2Q01   **(SKIP IF NIS_WHO NE 10 OR NIS_WHO NE BLANK, FILL IN THE DATA FOR THE
              CHILD FROM NIS – S3A)**
              What is the birth date of **(CHILD)** under the age of 18?

              (CATI: AGE MUST BE BETWEEN 0-17 YEARS)

              <u>MM/DD/YYYY</u>   **(IF AGE CALCULATION > 17 YEARS, GO TO AGE_18, ELSE SKIP
                           TO AGE_CONF AFTER COLLECTING ALL DATES)**

              IF YYYY IN
              (7777) DON'T KNOW   **[SKIP TO C2Q01B]**
              (9999) REFUSED   **[SKIP TO C2Q01B]**

C2Q0A   **(FOR NIS ELIGIBLE CASES)**
              You have already given me (**NAME OF NIS-ELIGIBLE CHILD OR CHILDREN**)'s birth
              date(**s**). Now, would you please tell me the date(**s**) of birth for your other **(IF [S_UNDR18 -
              S_NUMB = 1; INSERT 'child'/ IF [S_UNDR18 - S_NUMB > 1; INSERT '[S_UNDR18 -
              S_NUMB] children')** under the age of 18?

              (01) YES   **[SKIP TO C2Q01A]**
              (02) WRONG NUMBER OF CHILDREN UNDER 18   **[SKIP TO S_UNDR18,
              CORRECT, AND RETURN TO C2Q0A]**

C2Q01A
              __ __/__ __/__ __
              (77/77/7777) DON'T KNOW   **[CONTINUE TO C2Q01B]**
              (99/99/9999) REFUSED   **[CONTINUE TO C2Q01B]**

              **[IF AGE CALCULATION >17 YEARS, GO TO AGE_18, ELSE SKIP TO AGE_CONF
              AFTER COLLECTING ALL DATES]**

AGE_18   I have (**S.C.**) listed as being 18 or older. I need to confirm that I entered his/her date of birth correctly. Is the (**S.C.**)'s date of birth [**fill DOB from C2Q01/C2Q01A**]?

             (01)   YES > **AUTO SUBTRACT 1 FROM S_UNDR18 / IF S_UNDR18>0, CLEAR C2Q01/C2Q01A AND START C2Q01/C2Q01A AGAIN FOR REMAINING CHILDREN / IF S_UNDR18=0, GO TO S_UNDR18**
             (02)   NO > **GO TO C2Q01/C2Q01A TO CORRECT**

             [AFTER COLLECTING ALL AGES CALCULATE AGE IN YEARS. SAVE AS AGEID. AGEID EQUALS AGE IN YEARS PLUS THE PHRASE "your N MONTH(YEAR) OLD**". FOR EXAMPLE, "**your 8 YEAR OLD**".]**
             [CATI: AGE MUST BE BETWEEN 0-17 YEARS]

C2Q01B   What is the child's age?
             [CATI: 02 NUMERIC-CHARACTER FIELD FOR MONTHS 02 NUMERIC-CHARACTER FIELD FOR YEARS AGE SHOULD BE CONVERTED TO MONTHS]

C2Q01B1   _____VALUE

             (77) DON'T KNOW > **GO TO WHEN_CALL2**
             (99) REFUSED > **GO TO C2Q01B_REF**

             IF CHILD IS LESS THAN 1 MONTH OLD, ENTER "0 MONTHS.

C2Q01B1   (01)Months **[RANGE 01-12]**
                     (02)Years **[RANGE 00-17]**
                     [ALL GO TO AGE_CONF]

WHEN_CALL2   What would be a good time to reach a person who knows the child's birth date?

             (01) SET APPOINTMENT FOR CALLBACK
             (02) PERSON AVAILABLE > **GO TO INTRO_AGE**

INTRO_AGE   Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a survey about the health of children and teenagers, and I was told that you were the person to talk to about the health of the (**IF [S_UNDR18 - S_NUMB = 1; INSERT 'child'/ IF [S_UNDR18 - S_NUMB > 1; INSERT '[S_UNDR18 - S_NUMB] children'**) in your household.

             (01) CONTINUE

C2Q01B_REF   I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's AGE is to know which questions to ask.

             (01) RESPONDENT AGREES TO GIVE AGE> **RETURN TO C2Q01B**
             (02) R STILL REFUSES > **GO TO AGE_TERM**

AGE_TERM   The reason we need your child's birth date is to know which health and healthcare questions to ask. Is there anyone available who would know the child's month, day, and year of birth? **TERMINATE INTERVIEW**

End Loop

AGE_CONF   **[IF HOUSEHOLD IS NIS ELIGIBLE AND S_UNDR18 = S_NUMB, SKIP TO
              SC1_INTRO/IF NIS_WHO NE 10 OR NIS_WHO BLANK > GO TO SC1_INTRO]**
              (IF SAMPLE_USE_CODE = 2: So, you have a **(fill with year in age for all children 02 years
              old or older, or month in age for all children under 02 years old including age for any NIS-
              eligible children, i.e., 12 month old, 10 year old, and 15 year old/ IF > 1 CHILD, INSERT
              'and' BEFORE THE LAST AGEID)**. Is that correct?

              (IF SAMPLE_USE_CODE = 3: So, the **(S.C)** is **(FILL WITH YEAR IN AGE FOR THE
              CHILD)**. Is that correct?

              (01) YES [IF TWO OR MORE CHILDREN HAVE THE SAME AGE > **GO TO MULTIAGE**
              ELSE IF HH (WAS) **NIS ELIGIBLE GO TO C2Q01N**
              ELSE GO TO C2Q03

              (02) NO, WRONG AGES OF CHILDREN > **RETURN TO C2Q01**
              (03) NO, WRONG NUMBER OF CHILDREN > **RETURN TO S_UNDR18**
              (77) DON'T KNOW > **GO TO C2Q03**
              (99) REFUSED > **GO TO C2Q03**

C2Q01N   **IF S_NUMB>0, THEN LOOP FOR ALL CHILDREN. IF S_NUMB=0, THEN LOOP
              ONLY FOR CHILDREN OF THE SAME AGE.**

              USE TEXT FOR CHILDREN WITH SAME AGE "So that I'll know how to refer to **(AGEID)**s
              during the interview, what is the **(FILL WITH "first" FIRST TIME QUESTION READ,
              "second" SECOND TIME QUESTION READ, ETC.)** child's name or initials?"

              USE TEXT FOR CHILD(REN) WITH UNIQUE AGE "So that I'll know how to refer to
              (AGEID) during the interview, what is his or her first name or initials?"

              _____(NAME/INITIALS) **[SKIP TO C2Q03 AFTER THE APPROPRIATE
              NUMBER OF CHILDREN ARE ROSTERED] [20;C]**

              **THE NAMES OF THE CHILDREN ARE STORED IN THE VARIABLES FROM
              ISC100_1 TO ISC100_9.**

              (99) REFUSED **[GO TO REFNAME1]**

MULTIAGE   **(ASK ONLY IF THE TWO OR MORE CHILDREN ARE UNDER 2YEARS OLD AND
              ARE OF THE SAME AGE IN MONTHS, OR THE TWO OR MORE CHILDREN ARE 02-
              17 YEARS OLD AND ARE OF THE SAME AGE IN YEARS.)**

              Since you have more than one child who is **[AGEID]**, I need a way to refer to each of them during
              the interview. Could you please tell me their first name or initials.

              (01) YES   **[RETURN TO C2Q01N1]**
              (02) NO   **[SKIP TO REFNAME1]**
              (77) DK   **[SKIP TO REFNAME1]**
              (99) REF   **[SKIP TO REFNAME1]**

REFNAME1 I would like to assure you that ALL information will be kept in strict confidence and will be summarized for research purposes only. Since you have two or more children of the same age, we must have some way to tell them apart. This is important so that we can understand things like whether children with certain characteristics use medical services more or less than other children. You could give me a first name, nick name or their initials.

(01) RESPONDENT WILL GIVE NAMES **[SKIP TO C2Q01N AND ENTER]**
(02) REFUSED > **[IF ASKED MULTIAGE GO TO REFNAME2] [ELSE GO TO C2Q03]**

REFNAME2 These are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions.
[GO TO REFUSAL DEBRIEFING QUESTIONS]

CATI: IF C2Q01 ROSTER INCLUDES A CHILD/CHILDREN BETWEEN 19-35 MONTHS OF AGE AND NO NIS INTERVIEW WAS COMPLETED FOR THIS CHILD/CHILDREN, PROCEED TO S2Q02A. ALL OTHERS SKIP TO C2Q03 IN SLAITS INTERVIEW.

S2Q02A Based on the birth dates you have given me, I now have some questions about **[AGE ID]**.

[FILL S_NUMB, S3, AND S3.3, THEN SKIP TO S3.4 IN NIS INTERVIEW].

NEED DATA FLAG TO INDICATE THAT THIS SCREEN (S2Q02A) WAS ACCESSED, I.E., THAT NIS-ELIGIBLE CHILD WAS IDENTIFIED IN SLAITS ROSTER.

IF IT WAS NECESSARY TO RETURN TO NIS INTERVIEW AT THIS POINT:

WHEN THE NIS INTERVIEW IS COMPLETED, IF S_NUMB EQUAL TO S_UNDR18 OR sample_use_code=3, SKIP TO SL_TRANS.

WHEN THE NIS INTERVIEW IS COMPLETED, IF S_NUMB NOT EQUAL TO S_UNDR18, SKIP TO SL_TRANS2.

ROSTER SECTION ENDS

[TIME STAMPS – SECTION22]

SL_TRANS I appreciate your answers about the immunizations of **[NIS CHILD]**. **SKIP TO SC1_INTRO**

SL_TRANS2 I appreciate your answers about the immunizations of **[NIS CHILD/CHILDREN]**. Next, I have some questions about health care needs of all of the children under 18 years of age living in this household. **[SKIP TO C2Q03]**

**FOR ALL OTHER QUESTIONS IN SECTION 02:
FILL (S.C.) WITH CHILD NAME FROM C2Q01N, OR MULTIAGE AS APPROPRIATE.
IF CHILD NAME WAS REFUSED, FILL WITH AGEID.**

Begin Loop

C2Q03   **[SKIP IF NIS_WHO NE 10 OR NIS_WHO NE BLANK, FILL IN THE DATA FOR THE CHILD FROM NIS – S3.4]**
Is **(S.C.)** male or female?

    (01) MALE
    (02) FEMALE
    (77) DON'T KNOW
    (99) REFUSED

     End Loop

SC1_INTRO   The next questions are about any kind of health problems, concerns, or conditions that may affect your **(IF S_UNDR18 = 1 OR sample_use_code = 3, INSERT 'child'/ IF S_UNDR18 > 1 AND sample_use_code = 2, INSERT 'children')**'s physical health, behavior, learning, growth, or physical development. Some of these health problems may affect your **(IF S_UNDR18 = 1 OR sample_use_code = 3, INSERT 'child'/ IF S_UNDR18 = 1 AND sample_use_code = 2, INSERT 'children')**'s abilities and activities at school or at play. Some of these problems affect the kind or amount of services **your (IF S_UNDR18 = 1 OR sample_use_code = 3, INSERT 'child'/ IF S_UNDR18 > 1 AND sample_use_code = 2, INSERT 'children')** may need or use.

[TIME STAMPS – SECTION23]

CSHCN1   **(IF SAMPLE_USE_CODE = 3, INSERT 'Does (S.C.)'/IF S_UNDR18 = 1, INSERT 'Does your child'/ IF S_UNDR18 > 1 AND SAMPLE_USE_CODE = 2, INSERT 'Do any of your children')** currently need or use <u>medicine prescribed by a doctor</u>, other than vitamins?

    (01) YES
    (02) NO   **[SKIP TO CSHCN2]**
    (77) DON'T KNOW   **[SKIP TO CSHCN2]**
    (99) REFUSED   **[SKIP TO CSHCN2]**

READ IF NECESSARY: This applies to ANY medications prescribed by a doctor. Do not include over-the-counter medications such as cold or headache medications, or any vitamins, minerals, or supplements that can be purchased without a prescription.

THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN1_ROS   (FA1_ROSX01 through FA1_ROSX09)

     [IF S_UNDR18 = 1 OR SAMPLE_USE_CODE = 3, SKIP TO CSHCN1_A]

     Is that **[PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF]**?

     CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN1_A AND CSHCN1_B.
     FOR EXAMPLE, IF THERE ARE 2 CHILDREN, A 10 YEAR OLD AND A 12 YEAR OLD, AND BOTH ARE CHOSEN FROM THE PICKLIST, ASK CSHCN1_A AND CSHCN1_B ABOUT THE 10 YEAR OLD FIRST, AND THEN ASK THE SERIES ABOUT THE 12 YEAR OLD, USING APPROPRIATE FILL.

CSHCN1_A   Is **(AGEID)**'s need for prescription medicine because of ANY medical, behavioral, or other health condition?

(01) YES
(02) NO   **[SKIP TO CSHCN2]**
(77) DON'T KNOW   **[SKIP TO CSHCN2]**
(99) REFUSED   **[SKIP TO CSHCN2]**

CSHCN1_B   Is this a condition that has lasted or is expected to last 12 months or longer?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

CSHCN2   **(IF SAMPLE_USE_CODE = 3, INSERT 'Does (S.C.)'/IF S_UNDR18 = 1, INSERT 'Does your child'/ IF S_UNDR18 > 1 AND SAMPLE_USE_CODE = 2, INSERT 'Do any of your children')** need or use more <u>medical care, mental health, or educational services</u> than is usual for most children of the same age?

(01) YES
(02) NO   **(SKIP TO CSHCN3)**
(77) DON'T KNOW   **(SKIP TO CSHCN3)**
(99) REFUSED   **(SKIP TO CSHCN3)**

READ IF NECESSARY: The child requires more medical care, the use of more mental health services, or the use of more educational services than most children the same age. THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN2_ROS (FA2_ROSX01 through FA2_ROSX09)

[IF S_UNDR18 = 1 OR SAMPLE_USE_CODE = 3, SKIP TO CSHCN2_A]

Is that **[PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF]**?
CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN2_A AND CSHCN2_B.

CSHCN2_A   Is **(AGEID)**'s need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?

(01) YES
(02) NO   **[SKIP TO CSHCN3]**
(77) DON'T KNOW   **[SKIP TO CSHCN3]**
(99) REFUSED   **[SKIP TO CSHCN3]**

CSHCN2_B   Is this a condition that has lasted or is expected to last 12 months or longer?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

CSHCN3　　　**(IF SAMPLE_USE_CODE = 3, INSERT 'Does (S.C.)'/IF S_UNDR18 = 1, INSERT 'Is your child'/ IF S_UNDR18 > 1 AND SAMPLE_USE_CODE = 2, INSERT 'Are any of your children')** limited or prevented in any way in (his/ her/their) ability to do the things most children of the same age can do?

　　　　　　(01) YES
　　　　　　(02) NO　　　　　　　　　**[SKIP TO CSHCN4]**
　　　　　　(77) DON'T KNOW　　　**[SKIP TO CSHCN4]**
　　　　　　(99) REFUSED　　　　　**[SKIP TO CSHCN4]**

　　　　　　READ IF NECESSARY: A child is limited or prevented when there are things the child can't do as much or can't do at all that most children the same age can. THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN3_ROS　(FA3_ROSX01 through FA3_ROSX09)

　　　　　　[IF S_UNDR18 = 1 OR SAMPLE_USE_CODE = 3, SKIP TO CSHCN3_A]

　　　　　　Is that **[PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF]**?

　　　　　　CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN3_A AND CSHCN3_B.

CSHCN3_A　　Is **(AGEID)**'s limitation in abilities because of ANY medical, behavioral, or other health condition?

　　　　　　(01) YES
　　　　　　(02) NO　　　　　　　　　**[SKIP TO CSHCN4]**
　　　　　　(77) DON'T KNOW　　　**[SKIP TO CSHCN4]**
　　　　　　(99) REFUSED　　　　　**[SKIP TO CSHCN4]**

CSHCN3_B　　Is this a condition that has lasted or is expected to last 12 months or longer?

　　　　　　(01) YES
　　　　　　(02) NO
　　　　　　(77) DON'T KNOW
　　　　　　(99) REFUSED

CSHCN4　　　**(IF SAMPLE_USE_CODE = 3, INSERT 'Does (S.C.)'/IF S_UNDR18 = 1, INSERT 'Does your child'/ IF S_UNDR18 > 1 AND SAMPLE_USE_CODE = 2, INSERT 'Do any of your children')** need or get special therapy, such as physical, occupational, or speech therapy?

　　　　　　(01) YES
　　　　　　(02) NO　　　　　　　　　**[SKIP TO CSHCN5]**
　　　　　　(77) DON'T KNOW　　　**[SKIP TO CSHCN5]**
　　　　　　(99) REFUSED　　　　　**[SKIP TO CSHCN5]**

　　　　　　READ IF NECESSARY: Special therapy includes physical, occupational, or speech therapy. This is centered on physical needs, and things like psychological therapy are not included here. THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN4_ROS (FA4_ROSX01 through FA4_ROSX09)

> **[IF S_UNDR18 = 1 OR SAMPLE_USE_CODE = 3, SKIP TO CSHCN4_A]**
>
> Is that **(PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF)**?
>
> **CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN4_A AND CSHCN4_B.**

CSHCN4_A   Is **(AGEID)**'s need for special therapy because of ANY medical, behavioral, or other health condition?

> (01) YES
> (02) NO   **[SKIP TO CSHCN5]**
> (77) DON'T KNOW   **[SKIP TO CSHCN5]**
> (99) REFUSED   **[SKIP TO CSHCN5]**

CSHCN4_B   Is this a condition that has lasted or is expected to last 12 months or longer?

> (01) YES
> (02) NO
> (77) DON'T KNOW
> (99) REFUSED

CSHCN5   **(IF SAMPLE_USE_CODE = 3, INSERT 'Does (S.C.)'/IF S_UNDR18 = 1, INSERT 'Does your child'/ IF S_UNDR18 > 1 AND SAMPLE_USE_CODE = 2, INSERT 'Do any of your children')** have any kind of emotional, developmental, or behavioral problem for which **(IF sample_use_code=3 OR sample_use_code=2 AND S_UNDR18=1, INSERT 'he/she needs'/ IF sample_use_code=2 AND S_UNDR18>1, INSERT 'they need')** <u>treatment or counseling</u>?

> (01) YES
> (02) NO   **[SKIP TO C2START1]**
> (77) DON'T KNOW   **[SKIP TO C2START1]**
> (99) REFUSED   **[SKIP TO C2START1]**

> READ IF NECESSARY: These are remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem. THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN5_ROS (FA5_ROSX01 through FA5_ROSX09)

> **[IF S_UNDR18 =1 OR SAMPLE_USE_CODE = 3, SKIP TO CSHCN5_A]**
>
> Is that **(PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF)**?
>
> **CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN5_A.**

CSHCN5_A   Has **(AGEID)**'s emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

    (01) YES
    (02) NO
    (77) DON'T KNOW
    (99) REFUSED

THE CSHCN SCREENER ENDS HERE.

[TIME STAMPS – SECTION24]

C2START1   Next, I have some more general questions.

    PRESS ENTER TO CONTINUE.

Begin Loop

CW10Q01   **[SKIP IF NIS_WHO NE 10 OR BLANK, FILL IN THE DATA FOR THE CHILD FROM NIS:**
    IF ANY OF C2_X02 THROUGH C2_X10 = 1, THEN CW10Q01 = 1,
    ELSE IF C2_X01 = 1 THEN CW10Q01 = 2,
    ELSE IF C2_X01 THROUGH C2_X10 = 77 THEN CW10Q01 = 77,
    ELSE IF C2_X01 THROUGH C2_X10 = 99 THEN CW10Q01 = 99]

    FIRST CHILD - Is **(S.C.)** of Hispanic or Latino origin?

    [THE REST OF CHILDREN] And how about **(S.C.)**?

    (01) YES
    (02) NO
    (77) DON'T KNOW
    (99) REFUSED

CW10Q02   **(SKIP IF NIS_WHO NE 10 OR BLANK, FILL IN THE DATA FOR THE CHILD FROM NIS - C3_X01 to C3_X10)**
[FIRST CHILD] Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe **(S.C.)'s** race. Is **(S.C.)** White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

[THE REST OF CHILDREN] And how about **(S.C.)**?

 [MARK ALL THAT APPLY]

C1002X01 WHITE	(01) YES (02) NO
C1002X02 BLACK/ AFRICAN AMERICAN	(01) YES (02) NO
C1002X03 AMERICAN INDIAN	(01) YES (02) NO
C1002X04 ALASKA NATIVE	(01) YES (02) NO
C1002X05 ASIAN	(01) YES (02) NO
C1002X06 NATIVE HAWAIIAN	(01) YES (02) NO
C1002X07 PACIFIC ISLANDER	(01) YES (02) NO
C1002X08 OTHER (SPECIFY)	(01) YES (02) NO
CW10Q02DK	(77) DON'T KNOW
CW10Q02REF	(99) REFUSED

End Loop

HELP SCREEN: BE SURE TO READ THE ENTIRE QUESTION AS WRITTEN (INCLUDING ALL RESPONSE CATEGORIES).

RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS "WHATEVER RACE YOU CONSIDER YOURSELF TO BE." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS. MULTIPLE RACES MAY BE SELECTED.

[IF C1002X08 = 1, ASK CW10Q02A.
ELSE SKIP TO SCREENER DECISION INSTRUCTIONS].

CW10Q02A   ENTER OTHER DESCENT
[CATI: ALL 2 TEXT BOXES FOR OTHER DESCENT - 50 ALPHANUMERIC CHARACTERS EACH]

SCREENER DECISION INSTRUCTIONS

IF sample_use_code =2 THEN DO

01) IN CSHCN SCREENER, IF ANY OF THE FOLLOWING ARE TRUE FOR A PARTICULAR ROSTERED CHILD:

CSHCN1_B = 1;
CSHCN2_B = 1;
CSHCN3_B = 1;
CSHCN4_B = 1;
CSHCN5_A = 1;

THEN SKIP TO CSHCN RANDOM SELECTION PROCESS

IF NONE OF THE ABOVE ARE TRUE, SKIP TO CW10Q04, ASK CW10Q04 AND C2Q05, THEN SKIP TO C11Q01_A, ASK THAT QUESTION AND THEN SKIP TO C11Q01 AND DO THE REST OF THE DEMOGRAPHICS EXCEPT FORC11Q12 AND C11Q13

CSHCN RANDOM SELECTION PROCESS

CREATE VARIABLE CWTYPE

IN CSHCN SCREENER, IF ANY OF THE FOLLOWING ARE TRUE FOR A PARTICULAR ROSTERED CHILD:
CSHCN1_B = 1;
CSHCN2_B = 1;
CSHCN3_B = 1;
CSHCN4_B = 1;
CSHCN5_A = 1;

THEN CWTYPE = S (SPECIAL)

IF NONE OF THE ABOVE ARE TRUE, THEN CWTYPE = N (NON-SPECIAL NEEDS)

CATI: AT THIS POINT, A FOCAL CHILD MUST BE SELECTED FOR THE REST OF THE INTERVIEW FROM ALL CHILDREN WITH A POSITIVE SPECIAL HEALTH CARE NEED SCREEN.

ONE CHILD:
IF ONLY ONE CHILD UNDER 18 YEARS OLD (S_UNDR18 = 1 CHILD) WITH A POSITIVE SPECIAL HEALTH CARE NEED SCREEN, THAT CHILD IS THE FOCAL CHILD (S.C.) FROM THIS POINT.

MORE THAN ONE CHILD:
IF THERE IS MORE THAN ONE CHILD UNDER THE AGE OF 18 (S_UNDR18 > 1 CHILD) WITH A POSITIVE SPECIAL HEALTH CARE NEED SCREEN, ONE OF THESE CHILDREN SHOULD BE RANDOMLY SAMPLED AND THAT CHILD IS THE FOCAL CHILD (S.C.) FROM THIS POINT.

GO TO CW10Q04

IF sample_use_code =3 THEN DO

    01) IN CSHCN SCREENER, IF ANY OF THE FOLLOWING ARE TRUE FOR THE SAMPLED CHILD:

    CSHCN1_B = 1;
    CSHCN2_B = 1;
    CSHCN3_B = 1;
    CSHCN4_B = 1;
    CSHCN5_A = 1;

    THEN DO THE ENTIRE CWSHCN INTERVIEW
    ELSE, DO THE CWSHCN INTERVIEW WITHOUT SEVERAL QUESTIONS IN SECTION 3 AND SECTION 4.

    GO TO CW10Q04

CW10Q04   What is the highest level of school that *anyone* in the household has completed or the highest degree *anyone* in the household has received?

    (01) 8TH GRADE OR LESS
    (02) 9TH-12TH GRADE
    (03) HIGH SCHOOL GRADUATE OR GED
    (04) SOME COLLEGE (LESS THAN 4 YEARS)
    (05) COLLEGE GRADUATE (4+ YEARS)
    (77) DON'T KNOW
    (99) REFUSED

C2Q05   What is the primary language spoken in your home?
    [READ RESPONSES ONLY IF NECESSARY]

    (01) English
    (02) Spanish
    (03) Any other language
    (77) DON'T KNOW
    (99) REFUSED

[IF SAMPLE_USE_CODE = 2 AND CWTYPE=N, SKIP TO C11Q01_A
IF SAMPLE_USE_CODE = 3, SKIP TO SELECTION1_NAME
ELSE SKIP TO SELECTION1]

SELECTION1   **(SKIP TO SELECTION1_NAME IF S_UNDR18 = 1)**
    The rest of the survey will be about the health and health care of (**S.C**). The computer randomly chose this child for the interview, and we will not be asking questions about any other child from this point forward.

    1   - CONTINUE WITH INTERVIEW

SELECTION1_NAME   **[SKIP TO C2Q04 IF NAME OF SELECTED CHILD ALREADY GATHERED BECAUSE FROM MULTIAGE, C2Q01N, NIS INTERVIEW, OR RESPONDENT REFUSED TO ANSWER NAME QUESTIONS.]**
I can continue to refer to your child as (AGEID) for the rest of the interview, or if you prefer, you could give me a first name or initials.

(01) CONTINUE TO USE AGE REFERENCE > **GO TO C2Q04**
(02) USE NAME > **GO TO SELECTION1_NAME_A**

SELECTION1_NAME_A   ENTER NAME/INITIALS: _____ > **GO TO C2Q04**
[FILL (S.C.) WITH THIS NAME FROM THIS POINT ON IN THE INTERVIEW]
(99) REFUSED > GO TO C2Q04

C2Q04   **IF [S.C.] WAS NIS-ELIGIBLE, SKIP TO C3QINTRO.**
FILL THE DATA FROM NIS VARIABLE – C5
What is your relationship to **(S.C.)?**

(01) MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)
(02) FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)
(03) SISTER OR BROTHER (BIOLOGICAL/STEP/FOSTER/HALF/ADOPTIVE)
(04) IN-LAW OF ANY TYPE
(05) AUNT/ UNCLE
(06) GRANDPARENT
(07) OTHER FAMILY MEMBER
(08) FEMALE GUARDIAN
(09) MALE GUARDIAN
(10) GODPARENT OR OTHER FRIEND
(77) DON'T KNOW
(99) REFUSED

Section 3. HEALTH AND FUNCTIONAL STATUS

C3QINTRO   **[TIME STAMPS – SECTION31]**
[IF CWTYPE = 'N', SKIP TO S3Q01, ELSE ASK C3QINTRO]
Earlier, you told me that **(S.C.)**

IF CSHCN1_B = 1, ADD "needs prescription drugs...."
IF CSHCN2_B = 1, ADD "needs medical care, mental health, or education services...."
IF CSHCN3_B = 1, ADD "is limited or prevented in (his/her) ability to do things...."
IF CSHCN4_B = 1, ADD "needs special therapy...."
IF CSHCN5_A = 1, ADD "needs treatment or counseling...."
IF MORE THAN ONE OF THESE ITEMS = 1, THEN ADD "AND" BETWEEN EACH ADDITIONAL STATEMENT.

IF CSHCN1_B, CSHCN2_B, CSHCN3_B, OR CSHCN4_B = 1, THEN CONTINUE:
"...because of medical, behavioral, or other health conditions**."**

IFCSHCN1_B = 2, CSHCN2_B = 2, CSHCN3_B = 2, CSHCN4_B = 2, AND CSHCN5_A = 1, THEN CONTINUE: "because of emotional, developmental, or behavioral problems**."**

FOR C3Q02 AND C3Q03 FILLS, IF CSHCN1_B, CSHCN2_B, CSHCN3_B, or CSHCN4_B = 1 USE FIRST FILL. IF CSHCN1_B = 2, CSHCN2_B = 2, CSHCN3_B = 2, CSHCN4_B = 2, AND CSHCN5_A = 1, USE SECOND FILL]

C3Q02   **[During the past 12 months/Since (his/her) birth]**, how often have **(S.C.)**'s **(medical, behavioral, or other health conditions / emotional, developmental, or behavioral problems)** affected **(his/her)** ability to do things other children **(his/her)** age do? Would you say:

    (01) Never   **(SKIP TO C3Q11)**
    (02) Sometimes
    (03) Usually
    (04) Always
    (77) DON'T KNOW   **(SKIP TO C3Q11)**
    (99) REFUSED   **(SKIP TO C3Q11)**

READ IF NECESSARY: This question asks how often your child's abilities are affected by his/her health. It does not ask about the severity, intensity, or magnitude of the effect.

ADDITIONAL INFO: FOR EXAMPLE, IF A CHILD'S ASTHMA WAS SEVERE BUT THE ATTACKS WERE RARE, THIS QUESTION WOULD BE ANSWERED WITH "SOMETIMES." IF THE CONDITION IS EPISODIC, RESPONDENTS SHOULD THINK ABOUT HOW OFTEN THE CONDITION HAS AFFECTED THE CHILD'S ABILITIES DURING THE PAST ENTIRE 12 MONTHS.

C3Q03   Do **(S.C.)'**s **(medical, behavioral, or other health conditions/emotional, developmental, or behavioral problems)** affect **(his/her)** ability to do things a great deal, some, or very little?

        (01) A great deal
        (02) Some
        (03) Very little
        (77) DON'T KNOW
        (99) REFUSED

        READ IF NECESSARY: You told me your child's health affects his/her ability to do things. When this occurs, how much are your child's abilities affected?

        ADDITIONAL INFO: FOR EXAMPLE, IF A CHILD'S ASTHMA WAS SEVERE BUT THE ATTACKS WERE RARE, THIS QUESTION WOULD BE ANSWERED WITH "A GREAT DEAL." IF THE CONDITION IS EPISODIC, RESPONDENTS SHOULD THINK ABOUT HOW SEVERE THE IMPACT HAS BEEN WHEN THE EPISODES OCCURRED OVER THE PAST 12 MONTHS.

C3Q11   Which of the following statements best describes **(S.C.)**'s health care needs? - **(S.C.)**'s health care needs change all the time, - **(S.C.)**'s health care needs change only once in a while, or -**(S.C.)**'s health care needs are usually stable?

        (01) CHILD'S HEALTH CARE NEEDS CHANGE ALL THE TIME
        (02) CHILD'S HEALTH CARE NEEDS CHANGE ONLY ONCE IN A WHILE
        (03) CHILD'S HEALTH CARE NEEDS ARE USUALLY STABLE
        (04) NONE OF THE ABOVE
        (77) DON'T KNOW
        (99) REFUSED

[TIME STAMPS – SECTION32]

S3Q01   The next questions are about ways **(S.C.)** might experience difficulties due to **(his/her)** health. Without glasses or contact lenses, would you say **(he/she)** experiences any difficulty seeing?

        (01) YES
        (02) NO **[SKIP TO S3Q02]**
        (77) DON'T KNOW **[SKIP TO S3Q02]**
        (99) REFUSED **[SKIP TO S3Q02]**

S3Q01A   Does (S.C.) wear glasses or contact lenses?

        (01) YES
        (02) NO **[SKIP TO S3Q02]**
        (77) DON'T KNOW **[SKIP TO S3Q02]**
        (99) REFUSED **[SKIP TO S3Q02]**

S3Q01B   Does (S.C.) have any difficulty seeing even when wearing glasses or contact lenses?

        (01) YES
        (02) NO
        (77) DON'T KNOW
        (99) REFUSED

S3Q02 Without hearing aids, would you say **(he/she)** experiences any difficulty hearing?

 (01) YES
 (02) NO **[SKIP TO S3Q03]**
 (77) DON'T KNOW **[SKIP TO S3Q03]**
 (99) REFUSED **[SKIP TO S3Q03]**

S3Q02A Does (S.C.) use a hearing aid?

 (01) YES
 (02) NO **[SKIP TO S3Q03]**
 (77) DON'T KNOW **[SKIP TO S3Q03]**
 (99) REFUSED **[SKIP TO S3Q03]**

S3Q02B Does (S.C.) have any difficulty hearing even when using a hearing aid?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

S3Q03 Would you say **(he/she)** experiences any difficulty with breathing or other respiratory problems, such as wheezing or shortness of breath?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

S3Q04 (READ IF NECESSARY: Would you say (he/she) experiences any difficulty with) Swallowing, digesting food, or metabolism?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

S3Q05 (READ IF NECESSARY: Would you say (he/she) experiences any difficulty with) Blood circulation?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

S3Q06 (READ IF NECESSARY: Would you say (he/she) experiences any difficulty with) Repeated or chronic physical pain, including headaches?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

S3Q07   **[IF S.C. IS YOUNGER THAN 36 MONTHS, SKIP TO S3Q08]**
Compared to other **(S.C. AGE)**-year-old children, would you say **(he/she)** experiences any difficulty taking care of **(himself/herself),** for example, doing things like eating, dressing and bathing?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

S3Q08   IF SC AGE=0 MONTHS, THEN "Compared to other newborns would you say (he/she) experiences any difficulty with coordination or moving around, such as….?"

IF SC AGE>0 MONTHS, THEN "Compared other (SC AGE)-year-old children would you say (he/she) experiences any difficulty with coordination or moving around, such as..."

(IF S.C. <10 MONTHS OLD, SAY: "crawling or moving arms or legs?"
 IF S.C 10 – 23 MONTHS OLD, SAY: "walking or crawling?"
 IF S.C 24+ MONTHS OLD, SAY: "walking or running?")

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

S3Q09   IF SC AGE=0 MONTHS, THEN "Compared to other newborns would you say (he/she) experiences any difficulty using (his or her) hands such as such as….?"

IF SC AGE>0 MONTHS, THEN "Compared other (SC AGE)-year-old children would you say (he/she) experiences any difficulty using (his or her) hands such as such as..."

(IF S.C. 0-7 MONTHS, SAY: " grabbing small objects?"
 IF S.C. 8-23 MONTHS, SAY: " holding a cup or eating finger foods?"
 IF S.C. 24+ MONTHS, SAY: "using scissors, a pencil, or a fork?")

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

S3Q10   **[IF S.C. IS YOUNGER THAN 12 MONTHS, SKIP TO S3Q12]**
(READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)
Learning, understanding, or paying attention?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

S3Q11 (READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)
Speaking, communicating, or being understood?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

S3Q12 [IF S.C. IS YOUNGER THAN 18 MONTHS, SKIP TO S3Q14]
(READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)
With feeling anxious or depressed?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

S3Q13 (READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)
With behavior problems, such as acting-out, fighting, bullying, or arguing?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

S3Q14 **[IF S.C. IS YOUNGER THAN 36 MONTHS, SKIP TO INSTRUCTIONS BEFORE C3Q10]**
(READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)
Making and keeping friends?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

[TIME STAMPS – SECTION33]

IF (S3Q01 = 02, 77, 99 or S3Q01B = 02, 77, 99), (S3Q02 = 02, 77, 99 or S3Q02B = 02, 77, 99), AND ALL S3Q03 THROUGH S3Q14 = 02, 77, or 99, SKIP TO S3Q15

C3Q10 Overall, how would you rate the severity of the difficulties caused by **(S.C.)**'s health problems? Would you say minor, moderate, or severe?

    (01) MINOR
    (02) MODERATE
    (03) SEVERE
    (77) DON'T KNOW
    (99) REFUSED

    HELP SCREEN: IF THE PARENT IS HAVING TROUBLE RATING THE OVERALL SEVERITY BECAUSE THE CHILD HAS MORE THAN ONE DIFFICULTY, THE PARENT SHOULD RATE THE MOST SEVERE DIFFICULTY RATHER THAN TRYING TO AVERAGE SEVERITY ACROSS ALL OF THE DIFFICULTIES.

    ALL SKIP TO S3Q16

S3Q15 **[IF SAMPLE_USE_CODE = 3 AND CWTYPE = 'N', SKIP TO S3Q16]**
You reported that **(S.C.)** does not experience any difficulty in any of the areas just mentioned. In your opinion, would you say this is because **(S.C.)'s** health problems are being treated and are under control?

    (01) YES   **[SKIP TO S3Q16]**
    (02) NO   **[SKIP TO S3Q15A]**
    (03)
    (77) DON'T KNOW **[SKIP TO S3Q16]**
    (99) REFUSED   **[SKIP TO S3Q16]**

S3Q15A Why is it that **(S.C.)'s** health problems do not currently cause **(him/her)** difficulty?

    _____**[250 CHARACTERS MAX]**

    [NOTE TO INTERVIEWERS: DO NOT RECORD ONLY THE DIAGNOSIS OR CONDITION. IF THE RESPONDENT GIVES ONLY THE DIAGNOSIS OR CONDITION, ASK: "Why doesn't that problem cause any difficulty in the areas just mentioned?"]

[TIME STAMPS – SECTION34]

S3Q16 To the best of your knowledge, does **(S.C.)** currently have any of the following: Asthma?

    (01) YES
    (02) NO
    (77) DK
    (99) REF

S3Q17 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD?

    (01) YES
    (02) NO
    (77) DK
    (99) REF

S3Q18 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Autism or Autism Spectrum Disorder, that is, ASD?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q19 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Down Syndrome?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q20 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Mental retardation or developmental delay?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q21 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Depression, anxiety, an eating disorder, or other emotional problems?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q22 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Diabetes?

(01) YES **[SKIP TO S3Q22A]**
(02) NO **[SKIP TO S3Q23]**
(77) DK **[SKIP TO S3Q23]**
(99) REF **[SKIP TO S3Q23]**

S3Q22A Does **(S.C.)** use insulin?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q23 To the best of your knowledge, does **(S.C.)** currently have a heart problem, including congenital heart disease?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q25   (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Blood problems such as anemia or sickle cell disease? Please do not include Sickle Cell Trait.

(01) YES
(02) NO
(77) DK
(99) REF

S3Q26   (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Cystic Fibrosis?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q27   (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Cerebral Palsy?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q28   (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Muscular Dystrophy?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q29   (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Epilepsy or other seizure disorder?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q30   (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Migraine or frequent headaches?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q32   (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Arthritis or other joint problems?

(01) YES
(02) NO
(77) DK
(99) REF

S3Q31   (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Allergies?

      (01) YES
      (02) NO   **[SKIP TO C3Q14]**
      (77) DK   **[SKIP TO C3Q14]**
      (99) REF   **[SKIP TO C3Q14]**

S3Q31_A: (READ IF NECESSARY: To the best of your knowledge)
       Are any of these food allergies?

      (01) YES
      (02) NO
      (77) DK
      (99) REF

[TIME STAMPS – SECTION35]

C3Q14   **[IF AGE FROM C2Q01 OR C2Q02 < 60 MONTHS (5 YEARS), SKIP TO C6Q00]**
      During the past 12 months, that is since (**FILL, TODAY – 12 MONTHS**), about how many days
      did (**S.C.**) miss school because of illness or injury?
      [NOTE: A SCHOOL YEAR IS 240 DAYS]

      (CATI: 3 NUMERIC-CHARACTER-FIELD, RANGE 000-240, 994-997)
      (Date Format for FILL: MONTH NAME/YEAR. Example if this were executed today:
      "…, that is since February 2004, about how many days…")

      _____NUMBER OF DAYS
      (000) NONE
      (994) DID NOT GO TO SCHOOL
      (995) HOME SCHOOLED
      (777) DON'T KNOW
      (999) REFUSED

C6Q00   **['During the past 12 months'/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] 'Since
      (his/her) birth'],** how many times did (**S.C.**) visit a hospital emergency room?

      (CATI: 3 NUMERIC-CHARACTER FIELD, RANGE 000-776)

      READ IF NECESSARY: This includes emergency room visits that resulted in a hospital
      admission.

      _____NUMBER OF VISITS
      (000) NO VISITS IN PAST 12 MONTHS
      (777) DON'T KNOW
      (999) REFUSED

C6Q01 **[During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since (his/her) birth],** how many times did **(S.C.)** visit a doctor or other health care provider? Do not include (**IF C6Q00 > 0 AND < 777 THEN FILL:** "visits to hospital emergency rooms or") times when (S.C.) was hospitalized overnight.

    (CATI: 3 NUMERIC-CHARACTER FIELD, RANGE 000-776)

    _____NUMBER OF VISITS
    (000) NO VISITS IN PAST 12 MONTHS
    (777) DON'T KNOW **(SKIP TO C4Q0A)**
    (999) REFUSED   **(SKIP TO C4Q0A)**

    (IF C6Q01 > 000 AND < 030, SKIP TO C4Q0A)

C6Q01_A I have **(ANSWER FROM C6Q01)** visits. Is that correct?

    (01) YES
    (02) NO   **[SKIP BACK TO C6Q01]**

Section 4. ACCESS TO CARE: UTILIZATION AND UNMET NEEDS

[TIME STAMPS – SECTION41]

NAME_SEC4   **[SKIP TO C4Q0A IF NAME OF SELECTED CHILD ALREADY GATHERED FROM MULTIAGE, C2Q01N, SELECTION1_NAME, NIS INTERVIEW, OR RESPONDENT REFUSED TO ANSWER NAME QUESTIONS]**

HAS THE HOUSEHOLD GIVEN YOU A NAME FOR THE CHILD?

(01) YES > **GO TO NAME_SEC4_A**
(02) NO > **GO TO C4Q0A**

NAME_SEC4_A

ENTER NAME/INITIALS: _____ > **GO TO C4Q0A**

[FILL (S.C.) WITH THIS NAME FROM THIS POINT ON IN THE INTERVIEW]

C4Q0A   Is there a place that **(S.C.)** USUALLY goes when **(he/she)** is sick or you need advice about **(his/her)** health?

(01) YES
(02) THERE IS NO PLACE   **[SKIP TO C4Q0D]**
(03) THERE IS MORE THAN ONE PLACE
(77) DON'T KNOW   **[SKIP TO C4Q0D]**
(99) REFUSED   **[SKIP TO C4Q0D]**

C4Q0B   **IF C4Q0A = 01, SAY "**What kind of place is it?**"**
IF C4Q0A = 03, SAY "What kind of place does **(S.C.)** go to most often?**"**
Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

(01) DOCTOR'S OFFICE   **[SKIP TO C4Q0D]**
(02) HOSPITAL EMERGENCY ROOM   **[SKIP TO C4Q0D]**
(03) HOSPITAL OUTPATIENT DEPARTMENT   **[SKIP TO C4Q0D]**
(04) CLINIC OR HEALTH CENTER   **[SKIP TO C4Q0D]**
(05) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
       [SKIP TO C4Q0D]
(06) FRIEND/RELATIVE   **[SKIP TO C4Q0D]**
(07) MEXICO/OTHER LOCATIONS OUT OF US   **[SKIP TO C4Q0D]**
(08) SOME OTHER PLACE   **[SKIP TO C4Q0C]**
(09) DOES NOT GO TO ONE PLACE MOST OFTEN   **[SKIP TO C4Q0D]**
(77) DON'T KNOW   **[FILL 77 IN C4Q0A AND SKIP TO C4Q0D]**
(99) REFUSED   **[FILL 99 IN C4Q0A AND SKIP TO C4Q0D]**

C4Q0C   **READ IF NECESSARY**
IF C4Q0A = 01, SAY "What kind of place is it?**"**
IF C4Q0A = 3, SAY "What kind of place does **(S.C.)** go to most often?**"**

RECORD VERBATIM RESPONSE_____

C4Q0D   Is there a place that **(S.C.)** USUALLY goes when **(he/she)** needs routine preventive care, such as a physical examination or well-child check-up?

     (01) YES
     (02) THERE IS NO PLACE   **[SKIP TO C4Q02A]**
     (03) THERE IS MORE THAN ONE PLACE
     (77) DON'T KNOW   **[SKIP TO C4Q02A]**
     (99) REFUSED   **[SKIP TO C4Q02A]**

     READ IF NECESSARY: Clinical preventive care includes check-ups, immunizations, health screening tests, and discussions about how to keep your child healthy.

C4Q01   **[IF C4Q0A = 02, 77, 99, OR IF C4Q0B = 9, 77, 99, THEN GO TO C4Q02]**
         [IF C4Q0B = 06, 07, 08, 77, 99 FILL WITH "place"]
         Is the **[place selected in C4Q0B]** that **(S.C.)** goes to when **(he/she)** is sick the same place **(S.C.)** usually goes for routine preventive care?

     (01) YES   **[SKIP TO C4Q02A]**
     (02) NO
     (77) DON'T KNOW   **[SKIP TO C4Q02A]**
     (99) REFUSED   **[SKIP TO C4Q02A]**

C4Q02   **IF C4Q0D = 01 OR MISSING, SAY** "What kind of place does **(S.C.)** USUALLY go to when **(he/she)** needs routine preventive care?"
         IF C4Q0D = 03, SAY "What kind of place does **(S.C.)** go to most often when **(he/she)** needs routine preventive care?"

     (01) DOCTOR'S OFFICE
     (02) HOSPITAL EMERGENCY ROOM
     (03) HOSPITAL OUTPATIENT DEPARTMENT
     (04) CLINIC OR HEALTH CENTER
     (05) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
     (06) FRIEND/RELATIVE
     (07) MEXICO/OTHER LOCATIONS OUT OF US
     (08) SOME OTHER PLACE   **[SKIP TO C4Q02_01]**
     (09) DOES NOT GO TO ONE PLACE MOST OFTEN
     (77) DON'T KNOW
     (99) REFUSED

FOR ALL EXCEPT (08), GO TO C4Q02A

C4Q02_01   **READ IF NECESSARY**
         IF C4Q0D = 01, SAY "What kind of place is it?**"**
         IF C4Q0D = 03, SAY "What kind of place does **(S.C.)** go to most often?**"**

     RECORD VERBATIM RESPONSE_____

C4Q02A   A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as **(S.C.)**'s personal doctor or nurse?

            (01) YES, ONE PERSON
            (02) YES, MORE THAN ONE PERSON
            (03) NO   **[SKIP TO C4Q03]**
            (77) DON'T KNOW   **[SKIP TO C4Q03]**
            (99) REFUSED   **[SKIP TO C4Q03]**

C4Q02B   **IF C4Q02A = 01 THEN READ**: "Is this person a general doctor, pediatrician, specialist, nurse practitioner, or physician's assistant?" **[MARK ALL THAT APPLY]**

            IF C4Q02A = 02 THEN READ: "Are those people general doctors, pediatricians, specialists, nurse practitioners, or physician assistants?" **[MARK ALL THAT APPLY]**

            C4Q02BX01 GENERAL DOCTOR (GENERAL PRACTICE, FAMILY OR INTERNAL
            MEDICINE)   (01) YES (00) NO
            C4Q02BX02 PEDIATRICIAN   (01) YES (00) NO
            C4Q02BX03 SPECIALIST (FOR EXAMPLE; SURGEONS, HEART DOCTORS,
            PSYCHIATRISTS, OB/GYN)   (01) YES (00) NO
            C4Q02BX04 NURSE PRACTITIONER   (01) YES (00) NO
            C4Q02BX05 PHYSICIAN'S ASSISTANT   (01) YES (00) NO
            C4Q02BX06 MOTHER/FRIEND/RELATIVE   (01) YES (00) NO
            C4Q02BX07 OTHER   **[SKIP TO C4Q02B_01]**   (01) YES (00) NO
            C4Q02BXDK DON'T KNOW   (77) DON'T KNOW
            C4Q02BXRF REFUSED   (99) REFUSED

C4Q02B_01   READ IF NECESSARY
            What type of health professional is this person?

            RECORD VERBATIM RESPONSE_____

            [TIME STAMPS – SECTION42]
C4Q03   People often delay or do not get needed health care. By health care I mean medical care as well as other kinds of care like dental care, mental health services, physical, occupational, or speech therapies, and special education services. **[During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since (his/her) birth],** have you delayed or gone without needed health care for **(S.C.)?**

            (01) YES
            (02) NO   **[SKIP TO C4Q05]**
            (77) DON'T KNOW   **[SKIP TO C4Q05]**
            (99) REFUSED   **[SKIP TO C4Q05]**

            READ IF NECESSARY: When a parent attempts to treat a child by themselves but then takes the child to a doctor, this should not be considered a delay in health care.

            AN EXAMPLE OF THAT WOULD BE A CHILD WITH A COUGH OR A SORE THROAT WHO WAS GIVEN COUGH SYRUP AT HOME, BUT THAT DID NOT HELP OR WORK.

C4Q04_A   There are many reasons people delay or do not get needed health care. I am going to read a list of reasons. For each, please tell me – yes or no – if this was a reason you delayed or did not get needed health care.

Did you delay or not get health care for **(S.C.)** because you couldn't get through to the health care provider's office on the telephone?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

C4Q04_B   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) You couldn't get an appointment for **(S.C.)** soon enough?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

C4Q04_C   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) The clinic or doctor's office was not open when you could get there?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

C4Q04_D   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) Transportation was a problem?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

C4Q04_E   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) You didn't have enough money to pay the health care provider?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

C4Q04_F   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) The type of care **(S.C.)** needed was not available in your area?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

C4Q04_G   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) The health care provider did not have the skills **(S.C.)** needed?

        (01) YES
        (02) NO
        (77) DON'T KNOW
        (99) REFUSED

C4Q04_H   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) The type of care was not covered by your health plan?

        (01) YES
        (02) NO
        (77) DON'T KNOW
        (99) REFUSED

C4Q04_I   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) You could not get approval from your health plan or doctor?

        (01) YES
        (02) NO
        (77) DON'T KNOW
        (99) REFUSED

C4Q04_J.   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) Once you get there, **(S.C.)** has to wait too long to see the health care provider?

        (01) YES
        (02) NO
        (77) DON'T KNOW
        (99) REFUSED

C4Q04_ K.   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) You have language, communication, or cultural problems with the health care provider?

        (01) YES
        (02) NO
        (77) DON'T KNOW
        (99) REFUSED

C4Q04_L.   (READ IF NECESSARY: Did you delay or not get health care for **(S.C.)** because) Going to appointments conflicts with other responsibilities at home or at work?

        (01) YES
        (02) NO
        (77) DON'T KNOW
        (99) REFUSED

[TIME STAMPS – SECTION43]
C4Q05 (4.5)
(CATI: THIS SERIES SHOULD BE ASKED HORIZONTALLY ACROSS THE TABLE. IN OTHER WORDS, IF THEY ANSWER YES TO SOMETHING IN COLUMN 01, THEY SHOULD IMMEDIATELY BE ASKED THE QUESTIONS IN COLUMN 2, 3, 4, 5 AS APPLICABLE)

IF C4Q03 = 01, THEN ADD THE FOLLOWING TRANSITION: "There are many different services that children sometimes need.**"** **ALL RECEIVE THE FOLLOWING INTRODUCTION: [During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since (his/her) birth],** was there any time when **(S.C.)** needed any of the following services:	Did **(S.C.)** receive all the **{fill each 'Yes' item from first column}** that **{he/she}** needed?	Why did **(S.C.)** not get the **{fill each yes item from first column} {he/she}** needed? **(CHECK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY)**		Did **(S.C.)** get any **{fill each yes item from first column} [during the past 12 months/ since (his/her) birth]**?

C4Q05_X01	C4Q05X01A	C40501BX01-X16	C4Q0501OE	C4Q05X01C
(READ IF NECESSARY: During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Routine preventive care, such as a physical examination or well child check-up? (01) YES (02) NO **[SKIP TO C4Q05_X02]** (77) DK **[SKIP TO C4Q05_X02]** (99) REF **[SKIP TO C4Q05_X02]** NOTE: C4Q05_X01A IS AVARIABLE THAT IS NOT USED.	**FILL [routine preventive care]** (01) YES **[SKIP TO C4Q05_X02]** (02) NO (77) DK **[SKIP TO C4Q05_X02]** (99) REF **[SKIP TO C4Q05_X02]**	**FILL [routine preventive care]** 01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER **(SKIP TO C4Q0501OE)** 77 DON'T KNOW 99 REFUSED	READ IF NECESSARY (Why did **(S.C.)** not get the **{fill each yes item from first column} {he/she}** needed ?) RECORD VERBATIM RESPONSE_____	Did **(S.C.)** get any **routine preventive care [during the past 12 months/[WHEN S.C. IS YOUNGER THAN 12 MONTHS: since his/her birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q05_X02	C4Q05X02A	C40502BX01-X16	C4Q0502OE	C4Q05X02C
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Care from a specialty doctor?	Did (S.C.) receive all the Care from a specialty doctor that {he/she} needed?	Why did (S.C.) not get the Care from a specialty doctor {he/she} needed?	**FILL [Care from a specialty doctor]** READ IF NECESSARY (Why did **(S.C.)** not get the {fill each yes item from first column} {he/she} needed ?)	Did **(S.C.)** get any **care from a specialty doctor [during the past 12 months/ since (his/her) birth]**?
	(01)YES **[SKIP TO C4Q05X02AA]** (02) No (77) DK **[SKIP TO C4Q05_X03]** (99) REF **[SKIP TO C4Q05_X03]**	CHECK ALL HTAT APPLY. READ RESPONSES ONLY IF NECESSARY		(01) YES **[SKIP TO C4Q05X02AA]** (02) NO (77) DK (99) REF
(01) YES (02) NO **[SKIP TO C4Q05_X03]** (77) DK **[SKIP TO C4Q05_X03]** (99) REF **[SKIP TO C4Q05_X03]**		01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	RECORD VERBATIM RESPONSE_____	**[SKIP TO C4Q05_X03]**
READ IF NECESSARY: Specialty doctors focus on one part of your child's health. These include cardiologists, pulmonologists, ear, nose and throat doctors, surgeons, etc. Do not include dentists or psychiatrists. Needs for care from dentists and psychiatrists are asked in other questions.		06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER **(SKIP TO C4Q0502OE)** 77 DON'T KNOW 99 REFUSED		C4Q05X02AA **[IF C4Q05X02A = 01 OR C4Q0502C = 01 THEN ASK]:** How many different specialty doctors did **(S.C.)** see **[during the past 12 months/ since (his/her) birth]**? 01-95 ENTER NUMBER 77 - DON'T KNOW 99 - REFUSED

C4Q05_X031	C4Q05X031A	C405031BX01-X16	C4Q05031OE	C4Q05X031C
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Preventive dental care, such as check-ups and dental cleanings? (01) YES (02) NO **[SKIP TO C4Q05_X032]** (77) DK **[SKIP TO C4Q05_X032]** (99) REF **[SKIP TO C4Q05_X032]**	**FILL [PREVENTIVE DENTAL CARE]** (01)YES **[SKIP TO C4Q05_X032]** (02) No (77) DK **[SKIP TO C4Q05_X032]** (99) REF **[SKIP TO C4Q05_X032]**	**FILL [PREVENTIVE DENTAL CARE]** 01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER **(SKIP TO C4Q05031OE)** 77 DON'T KNOW 99 REFUSED	**FILL [PREVENTIVE DENTAL CARE]** READ IF NECESSARY (Why did **(S.C.)** not get the **{fill each yes item from first column}** {he/she} needed ?) RECORD VERBATIM RESPONSE_____	Did **(S.C.)** get any preventive dental care **[during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q05_X032	C4Q05X032A	C405032BX01-X16	C4Q05032OE	C4Q05X032C
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Any other dental care? (01) YES (02) NO **[SKIP TO C4Q05_X04]** (77) DK **[SKIP TO C4Q05_X04]** (99) REF **[SKIP TO C4Q05_X04]**	**FILL [OTHER DENTAL CARE]** (01)YES **[SKIP TO C4Q05_X04]** (02) No (77) DK **[SKIP TO C4Q05_X04]** (99) REF **[SKIP TO C4Q05_X04]**	**FILL [OTHER DENTAL CARE]** 01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER **(SKIP TO C4Q05032OE)** 77 DON'T KNOW 99 REFUSED	**FILL [OTHER DENTAL CARE]** READ IF NECESSARY (Why did **(S.C.)** not get the **{fill each yes item from first column} {he/she}** needed ?) RECORD VERBATIM RESPONSE_____	Did **(S.C.)** get any non-preventive dental care **[during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q05_X04	C4Q05X04A	C40504BX01-X16	C4Q0504OE	C4Q05X04C
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Prescription medications?	**FILL [Prescription medications]**	**FILL [Prescription medications]**	**FILL [Prescription medications]**	Did **(S.C.)** get any **prescription medications [during the past 12 months/ since (his/her) birth]**?
	(01)YES **[SKIP TO C4Q05_X05]**	01 COST TOO MUCH	READ IF NECESSARY (Why	(01) YES
	(02) No	02 NO INSURANCE	did **(S.C.)** not get the	(02) NO
	(77) DK **[SKIP TO C4Q05_X05]**	03 HEALTH PLAN PROBLEM	**{fill each yes item**	(77) DK
	(99) REF **[SKIP TO C4Q05_X05]**	04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE	**from first column}** **{he/she}** needed ?)	(99) REF
(01) YES		05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	RECORD VERBATIM	
(02) NO **[SKIP TO C4Q05_X05]**		06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT	RESPONSE_____	
(77) DK **[SKIP TO C4Q05_X05]**		07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE		
(99) REF **[SKIP TO C4Q05_X05]**		08 DISSATISFACTION WITH PROVIDER		
		09 DID NOT KNOW WHERE TO GO FOR TREATMENT		
		10 CHILD REFUSED TO GO		
		11 TREATMENT IS ONGOING		
		12 VACCINE SHORTAGE		
		13 NO REFERRAL		
		14 LACK OF RESOURCES AT SCHOOL		
		15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT		
		16 OTHER **(SKIP TO C4Q0504OE)**		
		77 DON'T KNOW		
		99 REFUSED		

C4Q05_X05	C4Q05X05A	C40505BX01-X16	C4Q0505OE	C4Q05X05C
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Physical, occupational or speech therapy? (01) YES (02) NO **[SKIP TO C4Q05_X06]** (77) DK **[SKIP TO C4Q05_X06]** (99) REF **[SKIP TO C4Q05_X06]**	**FILL [THERAPY]** (01)YES **[SKIP TO C4Q05_X06]** (02) No (77) DK **[SKIP TO C4Q05_X06]** (99) REF **[SKIP TO C4Q05_X06]**	**FILL [THERAPY]** 01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER **(SKIP TO C4Q0505OE)** 77 DON'T KNOW 99 REFUSED	**FILL [THERAPY]** READ IF NECESSARY (Why did **(S.C.)** not get the **{fill each yes item from first column} {he/she}** needed ?) RECORD VERBATIM RESPONSE_____	C4Q05X05C Did **(S.C.)** get any **physical, occupational, or speech therapy [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q05_X06	C4Q05X06A	C40506BX01-X16	C4Q0506OE	C4Q05X06C
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Mental health care or counseling?	**FILL [Mental health care or counseling]**	**FILL [Mental health care or counseling]**	**FILL [Mental health care or counseling]**	Did **(S.C.)** get any **mental health care or counseling [during the past 12 months/ since (his/her) birth]**?
	(01)YES **[SKIP TO C4Q05_X07]**	01 COST TOO MUCH	READ IF NECESSARY (Why did **(S.C.)** not get the **{fill each yes item from first column}** **{he/she}** needed ?)	(01) YES
	(02) No	02 NO INSURANCE		(02) NO
(01) YES	(77) DK **[SKIP TO C4Q05_X07]**	03 HEALTH PLAN PROBLEM		(77) DK
(02) NO **[SKIP TO C4Q05_X07]**	(99) REF **[SKIP TO C4Q05_X07]**	04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE		(99) REF
(77) DK **[SKIP TO C4Q05_X07]**		05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	RECORD VERBATIM RESPONSE_____	
(99) REF **[SKIP TO C4Q05_X07]**		06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT		
		07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE		
		08 DISSATISFACTION WITH PROVIDER		
		09 DID NOT KNOW WHERE TO GO FOR TREATMENT		
		10 CHILD REFUSED TO GO		
		11 TREATMENT IS ONGOING		
		12 VACCINE SHORTAGE		
		13 NO REFERRAL		
		14 LACK OF RESOURCES AT SCHOOL		
		15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT		
		16 OTHER **(SKIP TO C4Q0506OE)**		
		77 DON'T KNOW		
		99 REFUSED		

C4Q05_X07	C4Q05X07A	C40507BX01-X16	C4Q0507OE	C4Q05X07C
[SKIP IF AGE IS LESS THAN 8 YEARS OLD] (During the past 12 months, was there any time when **(S.C.)** needed) Substance abuse treatment or counseling? (01) YES (02) NO **[SKIP TO C4Q05_X08]** (77) DK **[SKIP TO C4Q05_X08]** (99) REF **[SKIP TO C4Q05_X08]** **HELP SCREEN: SUBSTANCE ABUSE TREATMENT INCLUDES TREATMENT FOR ALCOHOL AND TOBACCO ABUSE. SOME RESPONDENTS MAY FIND THIS QUESTION INAPPROPRIATE. IF THIS OCCURS, TELL THE RESPONDENT: I understand this question may be more appropriate for older children, but I am required to ask and read verbatim.**	**FILL [Substance abuse treatment or counseling]** (01)YES **[SKIP TO C4Q05_X08]** (02) No (77) DK **[SKIP TO C4Q05_X08]** (99) REF **[SKIP TO C4Q05_X08]**	**FILL [Substance abuse treatment or counseling]** 01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER **(SKIP TO C4Q0507OE)** 77 DON'T KNOW 99 REFUSED	**FILL [Substance abuse treatment or counseling]** READ IF NECESSARY (Why did **(S.C.)** not get the **{fill each yes item from first column}** {he/she} needed ?) RECORD VERBATIM RESPONSE_____	Did **(S.C.)** get any **substance abuse treatment or counseling [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q05_X08 (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Home health care? (01) YES (02) NO **[SKIP TO C4Q05_X09]** (77) DK **[SKIP TO C4Q05_X09]** (99) REF **[SKIP TO C4Q05_X09]**	C4Q05X08A **FILL [Home health care]** (01) YES (02) NO **[SKIP TO C4Q0508C]** (77) DK (99) REF **[IF 01,6,7 THEN SKIP TO C4Q05_X09]**	========		C4Q05X08C Did **(S.C.)** get any **home health care [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF
C4Q05_X09 (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Eyeglasses or vision care? (01) YES (02) NO **[SKIP TO C4Q05_X10]** (77) DK **[SKIP TO C4Q05_X10]** (99) REF **[SKIP TO C4Q05_X10]**	C4Q05X09A **FILL [Eyeglasses or vision care]** (01) YES (02) NO **[SKIP TO C4Q0509C]** (77) DK (99) REF **[IF 01,6,7 THEN SKIP TO C4Q05_X10]**	========		C4Q05X09C Did **(S.C.)** get any **eyeglasses or vision care [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q05_X10 (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Hearing aids or hearing care? (01) YES (02) NO **[SKIP TO C4Q05_X11]** (77) DK **[SKIP TO C4Q05_X11]** (99) REF **[SKIP TO C4Q05_X11]**	C4Q05X10A **FILL [Hearing aids or hearing care]** (01)YES (02) NO**[SKIP TO C4Q0510C]** (77) DK (99) REF **[IF 01,6,7 THEN SKIP TO C4Q05_X11]**	========		C4Q05X10C Did **(S.C.)** get any **hearing aids or hearing care [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF
C4Q05_X11 **[SKIP IF AGE IS LESS THAN 3 YEARS OLD]** (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Mobility aids or devices, such as canes, crutches, wheelchairs, or scooters? (01) YES (02) NO **[SKIP TO C4Q05_X12]** (77) DK **[SKIP TO C4Q05_X12]** (99) REF **[SKIP TO C4Q05_X12]**	C4Q05X11A **FILL [MOBILITY AIDS OR DEVICES]** (01)YES (02) NO **[SKIP TO C4Q0511C]** (77) DK (99) REF **[IF 01,6,7 THEN SKIP TO C4Q05_X12]**	========		C4Q05X11C Did **(S.C.)** get any **mobility aids or devices [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q05_X12	C4Q05X12A			C4Q05X12C
[SKIP IF AGE IS LESS THAN 3 YEARS OLD] (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Communication aids or devices, such as communication boards? (01) YES (02) NO **[SKIP TO C4Q05_X13]** (77) DK **[SKIP TO C4Q05_X13]** (99) REF **[SKIP TO C4Q05_X13]**	**FILL [COMMUNICATION AIDS OR DEVICES]** (01) YES (02) NO **[SKIP TO C4Q0512C]** (77) DK (99) REF **[IF 01,6,7 THEN SKIP TO C4Q05_X13]**	========		Did **(S.C.)** get any **communication aids or devices [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q05_X13 (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Medical supplies? (01) YES (02) NO **[SKIP TO C4Q05_X14]** (77) DK **[SKIP TO C4Q05_X14]** (99) REF **[SKIP TO C4Q05_X14]** **HELP SCREEN: Some examples of medical supplies include bandages and sponges. These are items that are disposable. This does not include prescription medication.**	C4Q05X13A **FILL [Medical supplies]** (01) YES (02) NO **[SKIP TO C4Q0513C]** (77) DK (99) REF **[IF 01,6,7 THEN SKIP TO C4Q05_X14]**	========		C4Q05X13C Did **(S.C.)** get any **medical supplies [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q05_X14 (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** needed) Durable medical equipment? (01) YES (02) NO **[SKIP TO C4Q06]** (77) DK **[SKIP TO C4Q06]** (99) REF **[SKIP TO C4Q06]** **HELP SCREEN: Some examples of durable medical equipment include wheelchairs, hospital beds, oxygen tanks, pressure machines, and orthotics. These are items that are not disposable.**	C4Q05X14A **FILL [Durable medical equipment]** (01) YES (02) NO **[SKIP TO C4Q0514C]** (77) DK (99) REF **[IF 01,6,7 THEN SKIP TO C4Q06]**	========		C4Q05X14C Did **(S.C.)** get any **durable medical equipment [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

[TIME STAMPS – SECTION44]

C4Q06 (4.6) **[IF CWTYPE = 'N' THEN SKIP TO C3Q12]**
(CATI: THIS SERIES SHOULD BE ASKED HORIZONTALLY ACROSS THE TABLE. IN OTHER WORDS, IF THEY ANSWER YES TO SOMETHING IN COLUMN 01, THEY SHOULD IMMEDIATELY BE ASKED THE QUESTIONS IN COLUMN 02, 03, 4 AS APPLICABLE)

During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since (**his/her**) birth, was there any time when you or other family members needed any of the following services because of **{S.C.'s}** health:	Did you or your family receive all the **{fill with underlined words from first column}** that was needed?	Why did you or your family not get the **{fill with underlined words from first column}** that was needed? **(CHECK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY)**	Did you or your family get any **{fill with underlined words from first column}** during the past 12 months?

C4Q06_X01	C4Q06X01A	C40601BX01-X16	C4Q06X01C
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when you or other family members needed) <u>Respite care</u>? (01) YES (02) NO **[SKIP TO C4Q06_X02]** (77) DK **[SKIP TO C4Q06_X02]** (99) REF **[SKIP TO C4Q06_X02]** **HELP SCREEN: Respite care is care for the child so the family can have a break from ongoing care of the child. Respite care can be thought of as child care or babysitting by someone trained to meet any special needs the child may have. Both professional and non-professional respite care should be included.**	**FILL [respite care]** (01) YES **[SKIP TO C4Q06_X02]** (02) No (77) DK **[SKIP TO C4Q06_X02]** (99) REF **[SKIP TO C4Q06_X02]**	**FILL [respite care]** Why did you or your family not get the **{fill with underlined words from first column}** that was needed? 01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND DOCTOR WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH DOCTOR 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER **[GO TO C4Q0601OE]** 77 DON'T KNOW 99 REFUSED **C4Q0601OE** **READ IF NECESSARY:** Why did you or your family not get the **respite care** that was needed? ENTER OTHER_____	Did you or your family get ANY **respite care [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q06_X02	C4Q06X02A	C40602BX01-X16	C4Q06X02C
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since (**his/her**) birth, was there any time when you or other family members needed) <u>Genetic counseling</u> for advice about inherited conditions related to (SC)'s medical, behavioral, or other health conditions? (01) YES (02) NO **[SKIP TO C4Q06_X03]** (77) DK **[SKIP TO C4Q06_X03]** (99) REF **[SKIP TO C4Q06_X03]**	**FILL [genetic counseling]** (01) YES **[SKIP TO C4Q06_X03]** (02) NO (77) DK **[SKIP TO C4Q06_X03]** (99) REF **[SKIP TO C4Q06_X03]**	**FILL [genetic counseling]** Why did you or your family not get the **{fill with underlined words from first column}** that was needed? 01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND DOCTOR WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH DOCTOR 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER **[SKIP C4Q0602OE]** 77 DON'T KNOW 99 REFUSED **C4Q0602OE** **READ IF NECESSARY:** Why did you or your family not get the **genetic counseling** that was needed? ENTER OTHER_____	Did you or your family get ANY **genetic counseling [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C4Q06_X03	C4Q06X03A	C40603BX01-X16	C4Q06X03C
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since (**his/her**) birth, was there any time when you or other family members needed) <u>Mental health care or counseling</u> related to (SC)'s medical, behavioral, or other health conditions? (01) YES (02) NO **[SKIP TO C3Q12]** (77) DK **[SKIP TO C3Q12]** (99) REF **[SKIP TO C3Q12]**	**FILL [mental health care or counseling]** (01) YES **[SKIP TO C3Q12]** (02) NO (77) DK **[SKIP TO C3Q12]** (99) REF **[SKIP TO C3Q12]**	**FILL [mental health care or counseling]** Why did you or your family not get the **{fill with underlined words from first column}** that was needed? 01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND DOCTOR WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH DOCTOR 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER **[SKIP C4Q0601OE]** 77 DON'T KNOW 99 REFUSED **C4Q0603OE** **READ IF NECESSARY:** Why did you or your family not get the **mental health care or counseling** that was needed? ENTER OTHER_____	Did you or your family get ANY **mental health care or counseling [during the past 12 months/ since (his/her) birth]**? (01) YES (02) NO (77) DK (99) REF

C3Q12   **[IF AGE FROM C2Q01 OR C2Q02 IS 36 MONTHS (3 YEARS) OR GREATER, SKIP TO C3Q13]**
Does **(S.C.)** receive services from a program called Early Intervention Services? Children receiving these services often have an Individualized Family Service Plan.

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

[ALL SKIP TO C5Q00]

READ IF NECESSARY: Early Intervention Services are defined as: family training, counseling, and home visits; health services; medicine; nursing; nutrition; occupational therapy; physical therapy; psychological services; service coordination services; social work services; special instruction; speech-language therapy; transportation, communication or mobility devices; and vision and hearing services.

C3Q13   Does **(S.C.)** receive services from a program called Special Educational Services? Children receiving these services often have an Individualized Education Plan.

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

READ IF NECESSARY: Special Education is any kind of special school, classes or tutoring.

Section 5. CARE COORDINATION

[TIME STAMPS – SECTION51]

C5Q00   **[IF NONE C4Q05X01A THROUGH C4Q05X14A = 01 AND NONE C4Q05X01C THROUGH C4Q05X14C = 01 AND NONE C3Q12 THROUGH C3Q13 = 01, SKIP TO C5Q01]**

[IF ANY C4Q05X01A THROUGH C4Q05X14A = 01 OR ANY C4Q05X01C THROUGH C4Q05X14C = 01 OR ANY C3Q12 THROUGH C3Q13 = 01, SAY:
"You told me that, [in the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS] since (his/her) birth]**, (S.C.) used **[FILL WITH ALL NAMES OF SERVICES USED AS REPORTED IN SECTION 4, INCLUDING C3Q12 AND C3Q13].**"

[SUM UP HOW MANY TIMES THE RESPONSE (01) IS USED IN THE FOLLOWING VARIABLES: C4Q05X01A THROUGH C4Q05X14A, C4Q05X01C THROUGH C4Q05X14C, C3Q12, AND C3Q13. IF THE SUM IS GE 02 THEN SKIP TO C5Q11, ELSE SKIP TO C5Q01]

C5Q01   Did (S.C.) use any other health-related medical, educational, or social services **[in the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] since (his/her) birth]**?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

READ IF NECESSARY: There are many types of services children might use to improve their education, their health, or their well-being. We listed 15 of these services earlier, but there could be others that your child uses.

C5Q11   **(During the past 12 months/ Since (his/her) birth),** did **(S.C.)** need a referral to see any doctors or receive any services?

(01) YES
(02) NO   **[SKIP TO C5Q12]**
(77) DON'T KNOW   **[SKIP TO C5Q12]**
(99) REFUSED   **[SKIP TO C5Q12]**

C4Q07   Was getting referrals a big problem, a small problem, or not a problem?

(01) Big problem
(02) Small problem
(04) Not a problem
(77) DON'T KNOW
(99) REFUSED

[TIME STAMPS – SECTION52]

C5Q12 **[SUM UP HOW MANY TIMES THE RESPONSE (01) IS USED IN THE FOLLOWING VARIABLES: C4Q05X01A THROUGH C4Q05X14A, C4Q05X01C THROUGH C4Q05X14C, C5Q01, C3Q12 AND C3Q13. IF THE SUM IS LT 02 AND C4Q05X02AA LT 02 THEN SKIP TO C6Q02]**

Does anyone help you arrange or coordinate (**S.C.**)'s care among the different doctors or services that (**he/she**) uses? By "arrange or coordinate," I mean: Is there anyone who helps you make sure that (**S.C.**) gets all the health care and services (**he/she**) needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

(01) YES
(02) NO   **[SKIP TO C5Q17]**
(77) DON'T KNOW   **[SKIP TO C5Q17]**
(99) REFUSED   **[SKIP TO C5Q17]**

HELP SCREEN: IF RESPONDENT SAID 'YES' TO ANY ONE OF THE THREE CATEGORIES LISTED IN THE SECOND SENTENCE, ENTER 'YES' FOR THIS QUESTION.

READ IF NECESSARY: Anyone means anyone.

C5Q13 Does a doctor or someone in a doctor's office provide this help arranging or coordinating (**S.C.**)'s care?

(01) YES   **[SKIP TO C5Q15]**
(02) NO
(77) DON'T KNOW
(99) REFUSED

C5Q14 Who does provide help arranging or coordinating (**S.C.**)'s care? A parent, guardian, other family member, friend, nurse, therapist, social worker, hospital discharge planner, case manager, or someone else? **[MARK ALL THAT APPLY]**

C5Q14X01 Parent	(01) YES (02) NO
C5Q14X02 Guardian	(01) YES (02) NO
C5Q14X03 Other family member	(01) YES (02) NO
C5Q14X04 Friend	(01) YES (02) NO
C5Q14X05 Nurse	(01) YES (02) NO
C5Q14X06 Therapist	(01) YES (02) NO
C5Q14X07 Social Worker	(01) YES (02) NO
C5Q14X08 Hospital Discharge Planner	(01) YES (02) NO
C5Q14X09 Case Manager	(01) YES (02) NO
C5Q14X10 Someone else **[SKIP to C5Q14_XOE]**	(01) YES (02) NO
C5Z14XDK Don't know	(77) DON'T KNOW
C5Q14XRF Refused	(99) REFUSED

[SKIP TO C5Q17]

C5Q14_XOE Who would that be?

ENTER RESPONSE _____ **[30 CHARACTERS MAX]**

[SKIP TO C5Q17]

C5Q15   Is there anyone else who helps arrange or coordinate **(S.C.)**'s care?

                (01) YES
                (02) NO   **[SKIP TO C5Q17]**
                (77) DON'T KNOW   **[SKIP TO C5Q17]**
                (99) REFUSED   **[SKIP TO C5Q17]**

C5Q16   Is this person a parent, guardian, other family member, friend, nurse, therapist, social worker, hospital discharge planner, case manager, or someone else? **[MARK ALL THAT APPLY]**

C5Q16X01 Parent	(01) YES	(02) NO
C5Q16X02 Guardian	(01) YES	(02) NO
C5Q16X03 Other family member	(01) YES	(02) NO
C5Q16X04 Friend	(01) YES	(02) NO
C5Q16X05 Nurse	(01) YES	(02) NO
C5Q16X06 Therapist	(01) YES	(02) NO
C5Q16X07 Social Worker	(01) YES	(02) NO
C5Q16X08 Hospital Discharge Planner	(01) YES	(02) NO
C5Q16X09 Case Manager	(01) YES	(02) NO
C5Q16X10 Someone else **[SKIP to C5Q16_XOE]**	(01) YES	(02) NO
C5Q16XDK Don't know	(77) DON'T KNOW	
C5X16XRF Refused	(99) REFUSED	

        [SKIP TO C5Q17]

C5Q16_XOE   Who would that be?

        ENTER RESPONSE _____   **[30 CHARACTERS MAX]**

C5Q17   (During the past 12 months/ Since **(his/her)** birth), have you felt that you could have used extra help arranging or coordinating **(S.C.)**'s care among these different health care providers or services?

                (01) YES
                (02) NO   **[SKIP TO C5Q10]**
                (77) DON'T KNOW   **[SKIP TO C5Q10]**
                (99) REFUSED   **[SKIP TO C5Q10]**

C5Q09   (During the past 12 months/ Since **(his/her)** birth), how often did you get as much help as you wanted with arranging or coordinating **(S.C.)**'s care? Would you say never, sometimes, or usually?

                (01) Never
                (02) Sometimes
                (03) Usually
                (77) DON'T KNOW
                (99) REFUSED

C5Q10   Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among **(S.C.)**'s doctors and other health care providers?

      (01) Very satisfied
      (02) Somewhat satisfied
      (03) Somewhat dissatisfied
      (04) Very dissatisfied
      (05) NO COMMUNICATION NEEDED OR WANTED
      (77) DON'T KNOW
      (99) REFUSED

C5Q05   Do **(S.C.)**'s doctors or other health care providers need to communicate with **(his/her)** school, early intervention program, child care providers, vocational education or rehabilitation program?

      (01) YES
      (02) NO   **[SKIP TO C6Q02]**
      (77) DON'T KNOW   **[SKIP TO C6Q02]**
      (99) REFUSED   **[SKIP TO C6Q02]**

C5Q06   Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that communication?

      (01) Very satisfied
      (02) Somewhat satisfied
      (03) Somewhat dissatisfied
      (4) Very dissatisfied
      (77) DON'T KNOW
      (99) REFUSED

Section 6A. FAMILY CENTERED CARE

[TIME STAMPS SECTION 61]

C6Q02   **[IF C6Q01 = 000, SKIP TO C6Q07]**
(During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth), how often did **(S.C.)**'s doctors and other health care providers spend enough time with **(him/her)**? Would you say never, sometimes, usually, or always?

        (01) Never
        (02) Sometimes
        (03) Usually
        (04) Always
        (77) DON'T KNOW
        (99) REFUSED

C6Q03   (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth), how often did **(S.C.)**'s doctors and other health care providers listen carefully to you? Would you say never, sometimes, usually, or always?

        (01) Never
        (02) Sometimes
        (03) Usually
        (04) Always
        (77) Don't know
        (99) Refused

C6Q04   When **(S.C.)** is seen by doctors or other health care providers, how often are they sensitive to your family's values and customs? Would you say never, sometimes, usually, or always?

        (01) Never
        (02) Sometimes
        (03) Usually
        (04) Always
        (77) DON'T KNOW
        (99) REFUSED

C6Q05   Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child now, and what changes to expect in the future. [In the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth], how often did you get the specific information you needed from **(S.C.)**'s doctors and other health care providers? Would you say never, sometimes, usually, or always?

        (01) Never
        (02) Sometimes
        (03) Usually
        (04) Always
        (77) DON'T KNOW
        (99) REFUSED

C6Q06 (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth), how often did **(S.C.)**'s doctors or other health care providers help you feel like a partner in **(his/her)** care? Would you say never, sometimes, usually, or always?

    (01) Never
    (02) Sometimes
    (03) Usually
    (04) Always
    (77) DON'T KNOW
    (99) REFUSED

S5Q13 **CATI INSTRUCTION (S5Q13): IF C2Q05 IN (01, 77, 99) [I.E. LANGUAGE ENGLISH OR UNKNOWN] SKIP TO C6Q07. ELSE, SKIP TO S5Q13. IF S.C. >36 MONTHS, FILL [or S.C.]. ELSE, NO FILL.**

    An interpreter is someone who repeats what one person says in a language used by another person. (During the past 12 months\Since **(S.C.)'s** birth), did you **(or S.C.)** need an interpreter to help speak with **(his/her)** doctors or other health care providers?

    (01) YES   **[SKIP TO S5Q13A]**
    (02) NO   **[SKIP TO C6Q07]**
    (77) DON'T KNOW **[SKIP TO C6Q07]**
    (99) REFUSED **[SKIP TO C6Q07]**

S5Q13A **CATI INSTRUCTION (S5Q13): IF S.C. >36 MONTHS, FILL [or S.C.]. ELSE, DO NOT FILL.**

    When you **(or S.C.)** needed an interpreter, how often were you able to get someone other than a family member to help you speak with **(his/her)** doctors or other health care providers? Would you say never, sometimes, usually, or always?

    (01) Never
    (02) Sometimes
    (03) Usually
    (04) Always
    (77) DON'T KNOW
    (99) REFUSED

Section 6B. TRANSITION ISSUES

[TIME STAMPS – SECTION62]

C6Q07   **[IF CHILD IS LESS THAN 5 YEARS OF AGE, SKIP TO C6Q0D. IF CHILD IS 5-11 YEARS OF AGE, SKIP TO C6Q08]**
The next questions are about preparing for **(S.C.)'s** health care needs as **(he/she)** becomes an adult. Do any of **(S.C.)**'s doctors or other health care providers treat only children?

    (01) YES
    (02) NO   **[SKIP TO C6Q0A]**
    (77) DON'T KNOW   **[SKIP TO C6Q0A]**
    (99) REFUSED   **[SKIP TO C6Q0A]**

C6Q0A_B   Have they talked with you about having **(S.C.)** eventually see doctors or other health care providers who treat adults?

    (01) YES   **[SKIP TO C6Q0A]**
    (02) NO
    (77) DON'T KNOW   **[SKIP TO C6Q0A]**
    (99) REFUSED   **[SKIP TO C6Q0A]**

    [HELP SCREEN: THIS QUESTION REFERS TO DISCUSSIONS BETWEEN THE RESPONDENT AND THE DOCTORS OR OTHER HEALTH CARE PROVIDERS WHO TREAT ONLY CHILDREN.]

C6Q0A_C   Would a discussion about doctors who treat adults have been helpful to you?

    (01) YES
    (02) NO
    (77) DON'T KNOW
    (99) REFUSED

C6Q0A   Have **(S.C.)**'s doctors or other health care providers talked with you or **(S.C.)** about **(his/her)** health care needs as **(he/she)** becomes an adult?

    (01) YES   **[SKIP TO C6Q0A_E]**
    (02) NO
    (77) DON'T KNOW   **[SKIP TO C6Q0A_E]**
    (99) REFUSED   **[SKIP TO C6Q0A_E]**

C6Q0A_D   Would a discussion about **(S.C)'s** health care needs have been helpful?

    (01) YES
    (02) NO
    (77) DON'T KNOW
    (99) REFUSED

C6Q0A_E   Eligibility for health insurance often changes as children reach adulthood. Has anyone discussed with you how to obtain or keep some type of health insurance coverage as **(S.C.)** becomes an adult?

        (01) YES   **[SKIP TO C6Q08]**
        (02) NO
        (77) DON'T KNOW   **[SKIP TO C6Q08]**
        (99) REFUSED   **[SKIP TO C6Q08]**

        HELP SCREEN: Anyone means anyone.

C6Q0A_F   Would a discussion about health insurance have been helpful to you?

        (01) YES
        (02) NO
        (77) DON'T KNOW
        (99) REFUSED

C6Q08   How often do **(S.C.)**'s doctors or other health care providers encourage **(him/her)** to take responsibility for [his/her] health care needs, such as:

IF SAMPLE_USE_CODE = 3 AND CWTYPE = N, THEN:
[IF CHILD IS 5-11 YEARS OF AGE, THEN READ: "learning about **(his/her)** health or helping with treatments and medications?"
[IF CHILD IS 12+ YEARS OF AGE, THEN READ : "taking medication, understanding **[his/her]** health, or following medical advice?"

ELSE:
[IF CHILD IS 5-11 YEARS OF AGE, THEN READ: "learning about **(his/her)** conditions or helping with treatments and medications?"
[IF CHILD IS 12+ YEARS OF AGE, THEN READ : "taking medication, understanding **[his/her]** diagnosis, or following medical advice?"

Would you say never, sometimes, usually, or always?

        (01) Never
        (02) Sometimes
        (03) Usually
        (04) Always
        (77) DON'T KNOW
        (99) REFUSED

Section 6C. EASE OF SERVICE USE

[TIME STAMPS – SECTION63]

C6Q0D We have been talking primarily about medical services provided by your child's doctors. There are other types of services children may need or use because of their health. These services may be provided by (**IF AGE < 36 MONTHS, SHOW**: early intervention programs; **ELSE SHOW**: schools), child care facilities, vocational education and rehabilitation programs, and other community programs.

Thinking about (S.C.)'s health needs and all the services that (he/she) needs, have you had any difficulties trying to use these services (**IF AGE = 12 MONTHS OR GREATER, SHOW:** during the past 12 months; **ELSE SHOW**: since (**his/her**) birth)?

   (01) YES
   (02) NO   **[SKIP TO C6Q0C]**
   (77) DON'T KNOW **[SKIP TO C6Q0C]**
   (99) REFUSED   **[SKIP TO C6Q0C]**

IF THE PARENT SAYS THAT THE CHILD DID NOT NEED ANY SERVICES, READ: This question asks about difficulty using ANY services that your child needed because of his/her health. Did you have ANY difficulty using ANY services during the past 12 months?

C6Q0E I am going to read a list of reasons why people may have difficulty trying to use these services. For each reason, please tell me – yes or no – if this was a reason you had difficulties trying to use these services. Did you have any difficulties because:

C6Q0E_A You could not get the information you needed?

   (01) YES
   (02) NO
   (77) DON'T KNOW
   (99) REFUSED

C6Q0E_B (READ IF NECESSARY: Did you have difficulty trying to use any services because) There was too much paperwork required?

   (01) YES
   (02) NO
   (77) DON'T KNOW
   (99) REFUSED

C6Q0E_C (READ IF NECESSARY: Did you have difficulty trying to use any services because) You didn't have enough money to pay for the services?

   (01) YES
   (02) NO
   (77) DON'T KNOW
   (99) REFUSED

C6Q0E_D   (READ IF NECESSARY: Did you have difficulty trying to use any services because) Transportation was a problem?

> (01) YES
> (02) NO
> (77) DON'T KNOW
> (99) REFUSED

C6Q0E_E   (READ IF NECESSARY: Did you have difficulty trying to use any services because) You couldn't get services for (**S.C.**) when (**he/she**) needed them?

> (01) YES
> (02) NO   **[SKIP TO C6Q0E_F]**
> (77) DON'T KNOW   **[SKIP TO C6Q0E_F]**
> (99) REFUSED   **[SKIP TO C6Q0E_F]**

C6Q0E_E1   Was this because there were long waiting lists?

> (01) YES
> (02) NO
> (77) DON'T KNOW
> (99) REFUSED

C6Q0E_F   Did you have difficulty trying to use any services because there were problems in communication between service providers?

> (01) YES
> (02) NO
> (77) DON'T KNOW
> (99) REFUSED

C6Q0E_G   (READ IF NECESSARY: Did you have difficulty trying to use any services because) You had language, communication, or cultural problems with the service providers?

> (01) YES
> (02) NO
> (77) DON'T KNOW
> (99) REFUSED

C6Q0E_H   (READ IF NECESSARY: Did you have difficulty trying to use any services because) You could not find service providers who had the skills (S.C.) needed?

> (01) YES
> (02) NO
> (77) DON'T KNOW
> (99) REFUSED

C6Q0E_I   (READ IF NECESSARY: Did you have difficulty trying to use any services because) The types of services (S.C.) needed were not available in your area?

> (01) YES
> (02) NO
> (77) DON'T KNOW
> (99) REFUSED

C6Q0E_J   (READ IF NECESSARY: Did you have difficulty trying to use any services because) The types of services **(S.C.)** needed were available but **(he/she)** was not eligible?

        (01)   YES
        (02)   NO
        (77)   DON'T KNOW
        (99)   REFUSED

C6Q0E_K   (READ IF NECESSARY: Did you have difficulty trying to use any services because) The types of services **(S.C.)** needed were available but **(he/she)** had used up all eligible benefits?

        (01)   YES
        (02)   NO
        (77)   DON'T KNOW
        (99)   REFUSED

C6Q0E_L   (READ IF NECESSARY: Did you have difficulty trying to use any services because) You didn't have the time to figure it all out?

        (01)   YES
        (02)   NO
        (77)   DON'T KNOW
        (99)   REFUSED

C6Q0C   Thinking about **(S.C.)**'s health needs and the services **(he/she)** <u>receives</u>, how satisfied or dissatisfied are you with those services? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?

        (01) Very satisfied
        (02) Somewhat satisfied
        (03) Somewhat dissatisfied
        (04) Very dissatisfied
        (77) DON'T KNOW
        (99) REFUSED

Section 7. HEALTH INSURANCE

[TIME STAMPS – SECTION7]

NAME_SEC7 **[SKIP TO C7Q03 IF NAME OF SELECTED CHILD ALREADY GATHERED BECAUSE FROM MULTIAGE, C2Q01N, SELECTION1_NAME, NAME_SEC4_A, NIS INTERVIEW, OR RESPONDENT REFUSED TO ANSWER NAME QUESTIONS]**

HAS THE HOUSEHOLD GIVEN YOU A NAME FOR THE CHILD?

(01) YES > **GO TO NAME_SEC7_A**
(02) NO > **GO TO C7Q03**

NAME_SEC7_A
ENTER NAME/INITIALS: _____ > **GO TO C7Q03**
[FILL (S.C.) WITH THIS NAME FROM THIS POINT ON IN THE INTERVIEW]

C7Q03 Now I have a few questions about health insurance and health care coverage for **(S.C.)**. At this time, is **(S.C.)** covered by health insurance that is provided through an employer or union or obtained directly from an insurance company?

(01) YES
(02) NO   **[SKIP TO C7Q01]**
(77) DON'T KNOW   **[SKIP TO C7Q01]**
(99) REFUSED   **[SKIP TO C7Q01]**

READ ONLY IF NECESSARY: These plans may be provided in art or fully by a current employer, a former employer, a union, or a professional organization, or purchased directly by an individual.

IF ONLY PLAN NAME OFFERED, PROBE (READ IF NECESSARY): Is this insurance provided through an employer or union or obtained directly from an insurance company? Do not include dental, vision, school, or accident insurance.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

C7Q03A Does this health insurance help pay for both doctor visits and hospital stays?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

C7Q01   **[IF STATE = AK, CT, DC, FL, HI, IL, IN, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, WI, THEN SKIP TO C7Q04]**

At this time, is **(S.C.)** covered by Medicaid, a health insurance program for persons with certain income levels and persons with disabilities? **[FILL IF APPLICABLE:** In this state, the program is sometimes called **[FILL NAME FROM "TEXT FILLS" SPREADSHEET].**

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

READ IF NECESSARY: Medicaid is a federal-state medical assistance program. it serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

C7Q02   At this time, is **(S.C.)** covered by the State Children's Health Insurance Program or S-CHIP? In this state, the program is sometimes called *{ FILL NAME FROM "TEXT FILLS" SPREADSHEET }*.

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

READ IF NECESSARY: The State Children's Health Insurance Program (SCHIP), created under Title XXI of the Social Security Act, expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

ALL SKIP TO C7Q05

C7Q04   At this time, is **(S.C.)** covered by Medicaid or the State Children's Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, the program is sometimes called **[FILL NAME FROM "TEXT FILLS" SPREADSHEET]**.

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

READ IF NECESSARY: Medicaid and SCHIP are federal-state medical assistance programs. They serve low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay little or no part of costs for covered medical expenses. These programs are run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

C7Q05   At this time, is **(S.C.)** covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

READ IF NECESSARY: CHAMPUS, CHAMP-VA, and TRICARE are health care plans that are offered to persons in the military (and their dependents). TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families, and survivors. CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans..

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

C7Q07   **IF C7Q01, C7Q02, C7Q03, C7Q04, OR C7Q05 = 01, THEN SHOW: "Besides what you have already told me about,"**
Is **(S.C.)** covered by any <u>other</u> kind of health insurance or health care plan that pays for services obtained from hospitals, doctors, and other health professionals?

[DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE]

(01) YES
(02) NO   **[SKIP TO C7Q09]**
(77) DON'T KNOW   **[SKIP TO C7Q09]**
(99) REFUSED   **[SKIP TO C7Q09]**

C7Q08A   Does this health insurance help pay for both doctor visits and hospital stays?

(01) YES
(02) NO   **[SKIP TO C7Q09]**
(77) DON'T KNOW   **[SKIP TO C7Q09]**
(99) REFUSED   **[SKIP TO C7Q09]**

C7Q08B   Is this health insurance provided through an employer?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

C7Q09   **(IF C7Q01, C7Q02, C7Q03A, C7Q04, C7Q05, OR C7Q08A = 01, SKIP TO C7Q11; ELSE ASK C7Q09)**

It appears that **(S.C.)** does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?

(01) YES   **[SKIP TO C7Q13]**
(02) NO
(77) DON'T KNOW   **[SKIP TO C9Q01]**
(99) REFUSED   **[SKIP TO C9Q01]**

C7Q10   At this time, what kind of health coverage does **(S.C.)** have? Any other kind?
[MARK ALL THAT APPLY. MARK SINGLE SERVICE PLAN ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]

C7Q10X01 MEDICAID **[STATE NAME]**   (01) YES   (0) NO
C7Q10X02 MEDICARE   (01) YES   (0) NO
C7Q10X04 SCHIP **[STATE NAME]**   (01) YES   (0) NO
C7Q10X05 MEDIGAP   (01) YES   (0) NO
C7Q10X06 MILITARY   (01) YES   (0) NO
C7Q10X07 INDIAN HEALTH SERVICE   (01) YES   (0) NO
C7Q10X08 PRIVATE INSURANCE   (01) YES   (0) NO
C7Q10X09 SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC)
                                           (01) YES   (0) NO
C7Q10X10 OTHER   (01) YES   (0) NO
C7Q10XDK DON'T KNOW   (77) DON'T KNOW
C7Q10XRF REFUSED   (99) REFUSED

IF ONLY C7Q10X09 IS SELECTED, SKIP TO C7Q13

C7Q10B   Does this health insurance help pay for both doctor visits and hospital stays?

(01) YES
(02) NO   **[SKIP TO C7Q13]**
(77) DON'T KNOW   **[SKIP TO C9Q01]**
(99) REFUSED   **[SKIP TO C9Q01]**

C7Q11   During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, was there any time when **(S.C.)** was not covered by ANY health insurance?

(01) YES
(02) NO   **[SKIP TO C8Q01_A]**
(77) DON'T KNOW   **[SKIP TO C8Q01_A]**
(99) REFUSED   **[SKIP TO C8Q01_A]**

C7Q12   During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth, about how many months was **(S.C.)** without any health insurance or coverage?

               **[IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH,
               IF VALUE LT CWAGE, DISPLAY WARNING: 'TIME WITHOUT INSURANCE CAN'T
               BE GREATER THAN CHILD'S AGE']**

               [CATI: 02 NUMERIC-CHARACTER-FIELD, RANGE 01-12, 77, 99]
               _____ _____ MONTHS

               (77) DON'T KNOW
               (99) REFUSED

               [ALL SKIP TO C8Q01_A]

C7Q13   **[IF C7Q10X09 = 01 OR C7Q10B = 02, THEN SAY:** About how long has it been since **(S.C.)** last had health coverage that helps pay for all types of care?**]**
               [ELSE, SAY: About how long has it been since **(S.C.)** last had health coverage?**]**
               [IF (C7Q13 GE 2 AND CWAGE LT 6) OR (C7Q13 GE 3 AND CWAGE LT 12) OR (C7Q13 GE 4 AND CWAGE LT 36) OR (CWAGE=6 and (02) CHOSEN), DISPLAY WARNING: 'TIME WITHOUT INSURANCE CAN'T BE GREATER THAN CHILD'S AGE']

               (01) 6 MONTHS OR LESS
               (02) MORE THAN 6 MONTHS, BUT NOT MORE THAN 01 YEAR AGO
               (03) MORE THAN 01 YEAR, BUT NOT MORE THAN 3 YEARS AGO **(GO TO C9Q01)**
               (04) MORE THAN 3 YEARS   **(GO TO C9Q01)**
               (05) NEVER   **(GO TO C9Q01)**
               (77) DON'T KNOW   **(GO TO C9Q01)**
               (99) REFUSED   **(GO TO C9Q01)**

C7Q14   (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth), about how many months was **(S.C.)** without any health insurance or coverage?
               **[IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH
               IF VALUE GT CWAGE, DISPLAY WARNING: 'TIME WITHOUT INSURANCE CAN'T
               BE GREATER THAN CHILD'S AGE']]**

               [CATI: 02 NUMERIC-CHARACTER-FIELD, RANGE 01-12, 77, 99]
               _____ _____ MONTHS

               (77) DON'T KNOW
               (99) REFUSED

C7Q15　　　**[IF S.C. AGE=0 MONTHS, THEN GO TO C9Q01]**
[IF C7Q14=12, DK, OR REF, GO TO C9Q01]
[WHEN S.C. IS YOUNGER THAN 12 months, IF C7Q14=AGE OF S.C. IN MONTHS, GO TO C9Q01]
(During the **(12 - C7Q14)** / **[IF S.C. IS YOUNGER THAN 12 MONTHS,** During **(S.C. AGE IN MONTHS –C7Q14)**] months) when **(S.C.)** DID have health coverage, what kind of health coverage did **(S.C.)** have?　[PROBE**:** Any other kind?]

C7Q15X01 MEDICAID **[STATE NAME]**　　　　(01) YES　　　(0) NO
C7Q15X02 MEDICARE　　　　　　　　　　　(01) YES　　　(0) NO
C7Q15X04 SCHIP **[STATE NAME]**　　　　　　(01) YES　　　(0) NO
C7Q15X05 MEDIGAP　　　　　　　　　　　　(01) YES　　　(0) NO
C7Q15X06 MILITARY　　　　　　　　　　　(01) YES　　　(0) NO
C7Q15X07 INDIAN HEALTH SERVICE　　　　(01) YES　　　(0) NO
C7Q15X08 PRIVATE INSURANCE　　　　　　(01) YES　　　(0) NO
C7Q15X09 SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC.)
　　　　　　　　　　　　　　　　　　　　(01) YES　　　(0) NO
C7Q15X10 OTHER **[SKIP TO C7Q15A]**　　　(01) YES　　　(0) NO
C7Q15XDK DON'T KNOW　　　　　　　　(77) DON'T KNOW
C7Q15XRF REFUSED　　　　　　　　　　(99) REFUSED
C7Q15A　　ENTER OTHER_____ **[CATI: 255 CHARACTER-FIELD]**

IF ONLY C7Q15X09 IS SELECTED, SKIP TO C9Q01

C7Q15B　　Did this health insurance help pay for both doctor visits and hospital stays?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

ALL SKIP TO C9Q01

Section 8. ADEQUACY OF HEALTH CARE COVERAGE

[TIME STAMPS – SECTION8]

C8Q01_A   The next questions are about **(S.C.)**'s health insurance or health care plans. Does **(S.C.)**'s health insurance offer benefits or cover services that meet **(his/her)** needs? Would you say:

      (01) Never
      (02) Sometimes
      (03) Usually
      (04) Always
      (77) DON'T KNOW
      (99) REFUSED

C8Q01_B   Are the costs not covered by **(S.C.)**'s health insurance reasonable?
      Would you say:

      (01) Never
      (02) Sometimes
      (03) Usually
      (04) Always
      (05) NO OUT OF POCKET COSTS
      (77) DON'T KNOW
      (99) REFUSED

      IF THE PARENT SEEMS CONFUSED BY HOW TO ANSWER, ASK: Do you have any out-of-pocket costs for your child's health care?

      IF YES, THEN ASK: Are those costs reasonable?

C8Q01_C   Does **(S.C.)**'s health insurance allow **(him/her)** to see the health care providers **(he/she)** needs?
      Would you say:

      (01) Never
      (02) Sometimes
      (03) Usually
      (04) Always
      (77) DON'T KNOW
      (99) REFUSED

Section 9. IMPACT ON THE FAMILY

[TIME STAMPS – SECTION9]

C9Q01   The next question is about the amount of money paid (during the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** since (**his/her**) birth) for (**S.C.)'s** medical care. Please do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. But do include out-of-pocket payments for all types of health-related needs such as co-payments, dental or vision care, medications, special foods, adaptive clothing, durable equipment, home modifications, and any kind of therapy. (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since (**his/her**) birth), would you say that the family paid more than $500, $250-$500, less than $250, or nothing for (**S.C.)'s** medical care?

            (01) More than $500
            (02) $250-$500   **[SKIP TO C9Q02]**
            (03) Less than $250   **[SKIP TO C9Q02]**
            (04) Nothing, $0   **[SKIP TO C9Q02]**
            (77) DON'T KNOW   **[SKIP TO C9Q02]**
            (99) REFUSED   **[SKIP TO C9Q02]**

            HELP SCREEN: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION.   BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

C9Q01_A   (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since (**his/her**) birth), would you say that the family paid more than $5000, $1000 to $5000, or less than $1000 for (**S.C.**)'s medical care?

            (01) More than $5000
            (02) $1000-$5000
            (03) Less than $1000
            (77) DON'T KNOW
            (99) REFUSED

C9Q02   Many families provide health care at home such as changing bandages, care of feeding or breathing equipment, and giving medication and therapies. Do you or other family members provide health care at home for (**S.C.**)?

            (01) YES
            (02) NO   **[SKIP TO C9Q04]**
            (77) DON'T KNOW   **[SKIP TO C9Q04]**
            (99) REFUSED   **[SKIP TO C9Q04]**

C9Q03   How many hours per week do you or other family members spend providing this kind of care?

            (CATI: 3 NUMERIC-CHARACTER-FIELD, RANGE 000-168, 777, 999)
            _____ _____ HOURS PER WEEK

            (000) LESS THAN ONE HOUR
            (168) AROUND THE CLOCK
            (777) DON'T KNOW
            (999) REFUSED

            IF THE PARENT SAYS THAT THE HOURS PER WEEK VARIES GREATLY FROM WEEK TO WEEK, ASK: How many hours did you or other family members spend last week? **[IF C9Q03 < 30 OR = 168, 777, 999, SKIP TO C9Q04]**

C9Q03_A   I have **(ANSWER FROM C9Q03)** hours. Is that correct?
                 (01) YES
                 (02) NO   **[SKIP BACK TO C9Q03]**

C9Q04   How many hours per week do you or other family members spend arranging or coordinating
                 (S.C.)'s care? By this I mean making appointments, making sure that care providers are
                 exchanging information, and following up on **(S.C.)**'s care needs.

                 [CATI: 3 NUMERIC-CHARACTER-FIELD, RANGE 000-168, 555, 777, 999]
                 _____ _____ HOURS PER WEEK

                 (000) LESS THAN ONE HOUR
                 (555) NONE / DOES NOT ARRANGE OR COORDINATE CARE
                 (777) DON'T KNOW
                 (999) REFUSED

                 IF THE PARENT SAYS THAT THE HOURS PER WEEK VARIES GREATLY FROM WEEK
                 TO WEEK, ASK: How many hours did you or other family members spend last week?

                 [IF C9Q04 < 30 or C9Q04 = 168, 555, 777, 999, SKIP TO C9Q05]

C9Q04_A   I have **(ANSWER FROM C9Q04)** hours. Is that correct?

                 (01) YES
                 (02) NO   **[SKIP BACK TO C9Q04]**

C9Q05   **[IF CHILD HAS SPECIAL HEALTH CARE NEEDS, USE THIS WORDING:]**
                 Have **(S.C.)**'s health conditions caused financial problems for your family?
                 **[IF CHILD DOES NOT HAVE SPECIAL HEALTH CARE NEEDS, USE THIS
                 WORDING:]**

                 Has **(S.C.)**'s health care caused financial problems for your family?

                 (01) YES
                 (02) NO
                 (77) DON'T KNOW
                 (99) REFUSED

C9Q10   Have you or other family members stopped working because of **(S.C.)**'s health
                 (IF CW_TYPE = 'S', SHOW: 'conditions')?

                 (01) YES
                 (02) NO
                 (77) DON'T KNOW
                 (99) REFUSED

C9Q06   **(IF C9Q10 = 01, THEN SHOW:** Not including the family members who stopped working,)
                 Have you or other family members cut down on the hours you work because of **(S.C.)**'s health
                 (IF CW_TYPE = 'S', SHOW: 'conditions')?

                 (01) YES
                 (02) NO
                 (77) DON'T KNOW
                 (99) REFUSED

C9Q07   Have you needed additional income to cover **(S.C.)**'s medical expenses?

        (01) YES
        (02) NO
        (77) DON'T KNOW
        (99) REFUSED

Section 10. FAMILY COMPOSITION

[TIME STAMPS – SECTION10]

C11Q01_A   **[IF SAMPLE_USE_CODE = 03 AND NIS IS DONE THEN FILL C11Q01_A FROM NIS DATA C1 AND SKIP TO S10Q00**
ELSE IF SAMPLE_USE_CODE = 02 AND NIS IS DONE AND CWTYPE = S, FILL C11Q01_A FROM NIS DATA C1, SKIP TO S10Q00
ELSE IF SAMPLE_USE_CODE = 02 AND NIS IS DONE AND CWTYPE = N, FILL C11Q01_A FROM NIS DATA C1, SKIP TO C11Q01,
ELSE ASK C11Q01_A]

Now I have some questions about your household.   Please tell me how many people live in this household, including all children and anyone who normally lives here even if they are not here now, like someone who is away traveling or in a hospital.

[CATI: 02 NUMERIC-CHARACTER FIELD, RANGE 01-30, 77, 99
VALUE MUST BE =/> S_UNDR18 + 01] [DISPLAY WARNING IF VALUE < S_UNDR18+1 -> "NUMBER OF PEOPLE IN THIS HOUSEHOLD CANNOT BE LESS THAN NUMBER OF KIDS + 1."

_____ PERSONS
(77) DK
(99) REFUSED

IF SAMPLE_USE_CODE = 02 AND CW_TYPE = N, SKIP TO C11Q01, ELSE

IF C2Q04 = (01) Mother OR (02) Father, CONTINUE WITH S10Q00.
ELSE SKIP TO S10Q01

S10Q00   <u>**CATI INSTRUCTION (S10Q00):**</u> **IF C2Q04 = 01, REMOVE RESPONSE CATEGORIES 05-08. ELSE IF C2Q04 = 02, REMOVE RESPONSE CATEGORIES 01-04.**

Earlier you told me you are **(S.C.)**'s **(mother/father).** Are you **(S.C.)**'s biological, step, foster, or adoptive **(mother/father)**]?

(01) Biological mother
(02) Step mother
(03) Foster mother
(04) Adoptive mother
(05) Biological father
(06) Step father
(07) Foster father
(08) Adoptive father
(09) OTHER
(77) DON'T KNOW
(99) REFUSED

S10Q01   **CATI INSTRUCTION (S10Q01): [IF C11Q01_A = S_UNDR18 + 01, THERE IS ONLY ONE PARENT IN HH AND SKIP TO C10Q03.**

[IF S10Q00 BLANK FILL: Earlier you told me you are **(S.C.)'s (ANSWER TO C2Q04)**
IF C2Q04 = 01, FILL 'mother';
IF C2Q04 = 02, FILL 'father';
IF C2Q04 = 03, FILL 'sibling';
IF C2Q04 = 04, 05, 07 FILL 'relative';
IF C2Q04 = 06, FILL 'grandparent';
IF C2Q04 = 10, FILL 'friend';
IF C2Q04 = 08, 09, FILL 'guardian';
IF C2Q04 = 77, 99, DO NOT READ THE SENTENCE].

[IF C2Q04 = (01) Mother OR (02) Father, FILL "other"]
Does **(S.C.)** have any **(other)** parents, or people who act as **(his/her)** parents, living here?

(01) YES
(02) NO   **[SKIP TO C10Q03]**
(77) DON'T KNOW   **[SKIP TO C10Q03]**
(99) REFUSED   **[SKIP TO C10Q03]**

S10Q02   What is their relationship to **(S.C.)**? **[MARK ALL THAT APPLY]**

IF R RESPONDS "Mother" or "Father" PROBE**: 'I**s that **(his/her)** biological, step, foster, or adoptive (Mother/Father?**]**

S10Q02X01	BIOLOGICAL MOTHER	(01) YES	(0) NO
S10Q02X02	STEP MOTHER	(01) YES	(0) NO
S10Q02X03	FOSTER MOTHER	(01) YES	(0) NO
S10Q02X04	ADOPTIVE MOTHER	(01) YES	(0) NO
S10Q02X05	BIOLOGICAL FATHER	(01) YES	(0) NO
S10Q02X06	STEP FATHER	(01) YES	(0) NO
S10Q02X07	FOSTER FATHER	(01) YES	(0) NO
S10Q02X08	ADOPTIVE FATHER	(01) YES	(0) NO
S10Q02X09	SISTER/BROTHER (STEP/FOSTER/HALF/ADOPTIVE)	(01) YES	(0) NO
S10Q02X10	IN-LAW OF ANY TYPE	(01) YES	(0) NO
S10Q02X11	AUNT/ UNCLE	(01) YES	(0) NO
S10Q02X12	GRANDMOTHER	(01) YES	(0) NO
S10Q02X13	GRANDFATHER	(01) YES	(0) NO
S10Q02X14	OTHER FAMILY MEMBER	(01) YES	(0) NO
S10Q02X15	FEMALE GUARDIAN	(01) YES	(0) NO
S10Q02X16	MALE GUARDIAN	(01) YES	(0) NO
S10Q02X17	RESPONDENT'S PARTNER OR BOY/GIRLFRIEND	(01) YES	(0) NO
S10Q02X18	OTHER NON-RELATIVE	(01) YES	(0) NO
S10Q02X19	TWO OR MORE OF THE SAME RELATIONSHIP TYPE	(01) YES	(0) NO
S10Q02XDK	DON'T KNOW	(77) DON'T KNOW	
S10Q02XRF	REFUSED	(99) REFUSED	

IF S10Q00=1 = S10Q02, THEN DISPLAY WARNING TEXT.
IF S10Q00=5 = S10Q02, THEN DISPLAY WARNING TEXT.

WARNING TEXT: SELECTED CHILD CAN NOT HAVE TWO BIOLOGICAL MOTHERS OR TWO BIOLOGICAL FATHERS. CONFIRM RESPONSES FOR THE LAST THREE QUESTIONS.

IF NUMBER OF SELECTIONS S10Q02-INDEX > =
     (C11Q01_A - S_UNDR18),   **[SKIP TO S10Q02_A]**
ELSE, IF S10Q02X19 = 01,   **[SKIP TO S10Q02_T]**
     ELSE,   **[SKIP TO C10Q03]**

S10Q02_T   ENTER RELATIVE OR RELATIVES_____.

[ENTER THE NUMBER AND TYPE OF PERSON REPORTED. FOR EXAMPLE: "02 BROTHERS". IF ONE OF THE RELATIVES IS ALREADY LISTED IN THE PICKLIST, DO NOT INCLUDE AGAIN HERE]

S10Q02_A   Just to confirm, you are (S.C.)'s [IF C2Q04=1 OR 2, FILL RESPONSE FROM S10Q00, ELSE FILL FROM C2Q04], and your child's [FILL ALL RESPONSES FROM S10Q02, WITH "AND" BEFORE THE LAST RESPONSE] also live in the household?

(01) YES, CONTINUE > GO TO C10Q03
(02) NO, RETURN TO S10Q02 AND CORRECT ANSWER

C10Q03   IF S10Q00 = 04 OR 08 OR S10Q02X04 = 01 OR S10Q02X08 = 01, CONTINUE WITH
C10Q03. ELSE, SKIP TO C11Q01.

The next questions will help us better understand the health needs of adopted children.

How old was **(S.C.)** when the adoption was finalized? By "finalized," I mean when the court papers were signed that completed the adoption process.

C10Q03   ___ ____ VALUE (MUST BE LESS THAN OR EQUAL TO AGE OF CHILD)

(77) DON'T KNOW
(99) REFUSED
IF CHILD WAS LESS THAN 1 MONTH AT THE TIME OF ADOPTION, ENTER "0 MONTHS.

C10Q03A   Months (00-12)
Years (Range 00-17)
        (CATI: 2 NUMERIC-CHARACTER FIELD FOR MONTHS
        2 NUMERIC-CHARACTER FIELD FOR YEARS
        AGE SHOULD BE CONVERTED TO MONTHS)

C10Q04   Was (S.C.) adopted from another country?

IF RESPONDENT SEEMS UPSET BY THIS QUESTION, READ: We ask this question for all children with adoptive parents.

(01) YES   [SKIP TO C11Q01]
(02) NO
(77) DON'T KNOW
(99) REFUSED

C10Q05   Was (S.C.) residing in foster care prior to being placed for adoption? This includes children placed by private agencies on behalf of a state or county child welfare agency.

IF THE CHILD WAS ADOPTED THROUGH A PRIVATE AGENCY AND THE PRIVATE AGENCY WAS ACTIONG IN ASSOCIATION WITH OR IN COOPERATION WITH A STATE OR COUNTY WELFARE AGENCY, THEN THIS QUESITON SHOULD BE ANSWERED "YES."

IF A FOSTER PARENT ADOPTED ONE OF THEIR OWN FOSTER CHILDREN, THEN THIS QUESTION SHOULD BE ANSWERED "YES."

IF RESPONDENT SEEMS UPSET BY THIS QUESTION, READ: We ask this question for all children with adoptive parents.

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

Section 11. INCOME

IF ANY NIS INTERVIEW WAS DONE IN THIS HH, SKIP TO C11Q12 – FILL DATA FROM NIS VARIABLE - CFAMINC
OTHERWISE CONTINUE

[TIME STAMPS – SECTION11]

C11Q01   What was the total combined income of your household in **[CATI: FILL LAST CALENDAR YEAR]**, including income from all sources such as wages, salaries, unemployment payments, public assistance, Social Security or retirement benefits, help from relatives and so forth? Can you tell me that amount before taxes?

        [CATI: 9 NUMERIC-CHARACTER FIELD]

        RECORD INCOME $_____
        (77) DON'T KNOW   **[SKIP TO W9Q02]**
        (99) REFUSED   **[SKIP TO W9Q02]**

        HELP SCREEN: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION. BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

C11CONF   Just to confirm that I entered it correctly, your income was (**AMOUNT FROM C11Q01**). Is that correct?

        (01) YES   **[SKIP TO C11Q12]**
        (02) NO   **[SKIP BACK TO C11Q01]**

W9Q02   **(NIS VARIABLE - C12_DON'T KNOW)**
        For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in **{fill year}**. Would you say that the total combined income, before taxes, was above or below $20,000?

        (01) MORE THAN $20,000   **[SKIP TO W9Q06]**
        (02) $20,000   **[SKIP TO C11Q12]**
        (03) LESS THAN $20,000   **[SKIP TO W9Q03]**
        (77) DON'T KNOW   **[SKIP TO C11Q12]**
        (99) REFUSED   **[SKIP TO C11Q12]**

W9Q03   **(NIS VARIABLE - C13)**
        Was the total combined household income more or less than $10,000?

        (01) MORE THAN $10,000   **[SKIP TO W9Q05]**
        (02) $10,000   **[SKIP TO C11Q12]**
        (03) LESS THAN $10,000   **[SKIP TO W9Q04]**
        (77) DON'T KNOW   **[SKIP TO C11Q12]**
        (99) REFUSED   **[SKIP TO C11Q12]**

W9Q04   **(NIS VARIABLE - C14A)**
Was it more than $7,500?

       (01) YES   **[SKIP TO W9Q12]**
       (02) NO   **[SKIP TO W9Q12]**
       (77) DON'T KNOW   **[SKIP TO C11Q12]**
       (99) REFUSED   **[SKIP TO C11Q12]**

W9Q05   **(NIS VARIABLE - C15)**
Was it more than $15,000?

       (01) YES   **[SKIP TO W9Q05A]**
       (02) NO   **[SKIP TO W9Q05B]**
       (77) DON'T KNOW   **[SKIP TO C11Q12]**
       (99) REFUSED   **[SKIP TO C11Q12]**

W9Q05A   **(NIS VARIABLE - C15A)**
Was it more than $17,500?

       (01) YES   **[SKIP TO W9Q12]**
       (02) NO   **[SKIP TO W9Q12]**
       (77) DON'T KNOW   **[SKIP TO C11Q12]**
       (99) REFUSED   **[SKIP TO C11Q12]**

W9Q05B   **(NIS VARIABLE - C15B)**
Was it more than $12,500?

       (01) YES   **[SKIP TO W9Q12]**
       (02) NO   **[SKIP TO W9Q12]**
       (77) DON'T KNOW   **[SKIP TO C11Q12]**
       (99) REFUSED   **[SKIP TO C11Q12]**

W9Q06   **(NIS VARIABLE - C16)**
(READ IF NECESSARY: Was the total combined household income)
more or less than $40,000?

       (01) MORE THAN $40,000   **[SKIP TO W9Q06A]**
       (02) $40,000   **[SKIP TO C11Q12]**
       (03) LESS THAN $40,000   **[SKIP TO W9Q07]**
       (77) DON'T KNOW   **[SKIP TO C11Q12]**
       (99) REFUSED   **[SKIP TO C11Q12]**

W9Q06A   **(NIS VARIABLE - C16A)**
(READ IF NECESSARY: Was the total combined household income)
more or less than $60,000?

       (01) MORE THAN $60,000   **[SKIP TO W9Q08]**
       (02) $60,000   **[SKIP TO C11Q12]**
       (03) LESS THAN $60,000   **[SKIP TO W9Q06B]**
       (77) DON'T KNOW   **[SKIP TO C11Q12]**
       (99) REFUSED   **[SKIP TO C11Q12]**

W9Q06B   **(NIS VARIABLE - C16B)**
           (READ IF NECESSARY: Was the total combined household income)
           more or less than $50,000?

           (01) MORE THAN $50,000   **[SKIP TO W9Q12]**
           (02) $50,000   **[SKIP TO C11Q12]**
           (03) LESS THAN $50,000   **[SKIP TO W9Q06C]**
           (77) DON'T KNOW   **[SKIP TO C11Q12]**
           (99) REFUSED   **[SKIP TO C11Q12]**

W9Q06C   **(NIS VARIABLE - C16C)**
           (READ IF NECESSARY: Was the total combined household income)
           more or less than $45,000?

           (01) MORE THAN $45,000   **[SKIP TO W9Q12]**
           (02) $45,000   **[SKIP TO C11Q12]**
           (03) LESS THAN $45,000   **[SKIP TO W9Q12]**
           (77) DON'T KNOW   **[SKIP TO C11Q12]**
           (99) REFUSED   **[SKIP TO C11Q12]**

W9Q07   **(NIS VARIABLE - C17)**
           (READ IF NECESSARY: Was the total combined household income)
           income more or less than $30,000?

           (01) MORE THAN $30,000   **[SKIP TO W9Q07A]**
           (02) $30,000   **[SKIP TO C11Q12]**
           (03) LESS THAN $30,000   **[SKIP TO W9Q07B]**
           (77) DONT KNOW   **[SKIP TO C11Q12]**
           (99) REFUSED   **[SKIP TO C11Q12]**

W9Q07A   **(NIS VARIABLE - C17A)**
           (READ IF NECESSARY: Was the total combined household income)
           more or less than $35,000?

           (01) MORE THAN $35,000   **[SKIP TO W9Q12]**
           (02) $35,000   **[SKIP TO C11Q12]**
           (03) LESS THAN $35,000   **[SKIP TO W9Q12]**
           (77) DON'T KNOW   **[SKIP TO C11Q12]**
           (99) REFUSED   **[SKIP TO C11Q12]**

W9Q07B   **(NIS VARIABLE - C17B)**
           (READ IF NECESSARY: Was the total combined household income)
           more or less than $25,000?

           (01) MORE THAN $25,000   **[SKIP TO W9Q12]**
           (02) $25,000   **[SKIP TO C11Q12]**
           (03) LESS THAN $25,000   **[SKIP TO W9Q12]**
           (77) DONT KNOW   **[SKIP TO C11Q12]**
           (99) REFUSED   **[SKIP TO C11Q12]**

W9Q08   **(NIS VARIABLE - C18)**
                  (READ IF NECESSARY: Was the total combined household income)
                  more or less than $75,000?

                  (01) MORE THAN $75,000   **[SKIP TO W9Q12]**
                  (02) $75,000   **[SKIP TO C11Q12]**
                  (03) LESS THAN $75,000   **[SKIP TO W9Q12]**
                  (77) DONT KNOW   **[SKIP TO C11Q12]**
                  (99) REFUSED   **[SKIP TO C11Q12]**

W9Q12 (CHECK_I12)
**BASED ON THE RANGE ALREADY IDENTIFIED, THIS NEXT QUESTION WILL BE FILLED WITH A
DOLLAR AMOUNT THAT FALLS WITHIN THE RANGE AND IS EQUIVALENT TO 50%, 100%,
133%, 150%, 185%, 200%, 300%, OR 400% OF THE FEDERAL POVERTY LEVEL BASED ON THE
NUMBER OF FAMILY MEMBERS.   IF THE RANGE IDENTIFIED IS NARROW ENOUGH THAT
NONE OF THESE POVERTY LEVEL CUTOFFS FALL WITHIN THE RANGE, THEN SKIP TO C11Q12.
FOR A FEW RANGES, TWO ADDITIONAL QUESTIONS WILL BE NEEDED.**

                  Would you say this income was above or below **[$REF]**?

                  (01) MORE THAN **[$REF]**   **[WHEN INDICATED, ASK W9Q12A]**
                  (02) EXACTLY **[$REF]**   **[SKIP TO C11Q12]**
                  (03) LESS THAN **[$REF]**   **[SKIP TO C11Q12]**
                  (77) DON'T KNOW   **[SKIP TO C11Q12]**
                  (99) REFUSED   **[SKIP TO C11Q12]**

W9Q12A   Would you say this income was above or below **[$REF]**?

                  (01) MORE THAN **[$REF]**   **[SKIP TO C11Q12]**
                  (02) EXACTLY **[$REF]**   **[SKIP TO C11Q12]**
                  (03) LESS THAN **[$REF]**   **[SKIP TO C11Q12]**
                  (77) DON'T KNOW   **[SKIP TO C11Q12]**
                  (99) REFUSED   **[SKIP TO C11Q12]**

C11Q12   **[IF sample_use_code=2 AND CWTYPE=N, SKIP TO C11Q11]**
                  Does **(S.C.)** receive SSI, that is, Supplemental Security Income?

                  (01) YES
                  (02) NO   **[SKIP TO C11Q11]**
                  (77) DON'T KNOW   **[SKIP TO C11Q11]**
                  (99) REFUSED   **[SKIP TO C11Q11]**

C11Q13   Is this for a disability **(he/she)** has?

                  (01) YES
                  (02) NO
                  (77) DON'T KNOW
                  (99) REFUSED

C11Q11   **ASK ONLY IN HH WITH INCOME UNDER 200% POVERTY, BASED ON
          RESULTS FROM TABLE, ELSE SKIP TO C11Q14**

At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from a state or county welfare program, such as **[fill state name program]**?

 (01) YES
 (02) NO
 (77) DON'T KNOW
 (99) REFUSED

Section 11A. TELEPHONE LINE AND HOUSEHOLD INFORMATION

[TIME STAMPS SECTION 11A]

C11Q14   **(IF NIS INTERVIEW PERFORMED IN THIS HOUSEHOLD, SKIP TO CWEND**
           FILL DATA FROM NIS VARIABLES)
           (NIS VARIABLE – C20)
           The next few questions are about the telephone numbers in your household. Do you have any
           other home phone numbers in addition to **{area code and telephone number called}**? Please do
           not include cellular phones in your answer.

           (01) YES
           (02) NO   **[SKIP TO C11Q20]**
           (77) DON'T KNOW   **[SKIP TO C11Q20]**
           (99) REFUSED   **[SKIP TO C11Q20]**

C11Q15   **(NIS VARIABLE – C20_A)**
           Is this second number for home use only, for business use only, or for both home and business
           use?

           (01) HOME ONLY
           (02) BUSINESS ONLY   **[SKIP TO C11Q17]**
           (03) BOTH HOME AND BUSINESS
           (77) DON'T KNOW   **[SKIP TO C11Q17]**
           (99) REFUSED   **[SKIP TO C11Q17]**

C11Q16   **(NIS VARIABLE – C21_A)**
           Is this second number used only for computer or fax communications?

           (01) YES
           (02) NO
           (77) DON'T KNOW
           (99) REFUSED

C11Q17   **(NIS VARIABLE – C22)**
           Do you have a third home phone number in addition to the two you have already told me about?
           Please do not include cellular phones in your answer.

           (01) YES
           (02) NO   **[SKIP TO C11Q20]**
           (77) DON'T KNOW   **[SKIP TO C11Q20]**
           (99) REFUSED   **[SKIP TO C11Q20]**

C11Q18   **(NIS VARIABLE – C23)**
           Is this third number for home use only, for business use only, or for both home and business use?

           (01) HOME ONLY
           (02) BUSINESS ONLY   **[SKIP TO C11Q20]**
           (03) BOTH HOME AND BUSINESS
           (77) DON'T KNOW   **[SKIP TO C11Q20]**
           (99) REFUSED   **[SKIP TO C11Q20]**

C11Q19 **(NIS VARIABLE – C23_A)**
Is this third number used only for computer or fax communications?

(01) YES
(02) NO
(77) DON'T KNOW
(99) REFUSED

C11Q20 **(NIS VARIABLE – CNOSERV)**
During the past 12 months, has your household been without telephone service for 01 week or more? Please do not include cellular phones in your answer.

(01) YES
(02) NO   **[SKIP TO C11Q22]**
(77) DON'T KNOW   **[SKIP TO C11Q22]**
(99) REFUSED   **[SKIP TO C11Q22]**

C11Q21_A **(NIS VARIABLE – CHOWLONG1)**
For how long was your household without telephone service in the past 12 months?

HELP SCREEN: IF ONE WEEK OR LESS, ENTER 00 FOR THE NUMBER, ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED.

(ENTER THE DAYS, WEEKS, OR MONTHS THEN CONTINUE TO THE NEXT SCREEN TO ENTER TIME PERIOD.)
[CATI: TWO NUMERIC-CHARACTER FIELD]

ENTER NUMBER ___ ___ ___

(77 DON'T KNOW
(99) REFUSED

C11Q21_B **(NIS VARIABLE – CHOWLONG2)**
ENTER PERIOD
 (01) DAYS
 (02) WEEK(S)
 (03) MONTH(S)

(IF DAYS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-99;
IF WEEKS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-52;
IF MONTHS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-12.
VERIFY VALUE WITH POP-UP SCREEN EXPRESSING VALUE IN WORDS, AS DONE IN NIS INCOME QUESTION)

C11Q22 **(NIS VARIABLE – C19A)**
Please tell me your zip code.

[CATI: 5 NUMERIC-CHARACTER-FIELD, RANGE 00001-99998]
_____ _____ _____ ____ _____ (00001-99998)
(77777) DON'T KNOW
(99999) REFUSED

CWEND   Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1-866-999-3340. If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.

LANG1   **- THIS FIELD MUST BE FILLED IN. DO NOT ALLOW INTERVIEWER TO SKIP AHEAD OR CALLBACKS TO BE SET.**
               - APPEARS AFTER COMPLETED INTERVIEWS ONLY.

               INTERVIEWER: WAS THIS INTERVIEW COMPLETED USING ENGLISH ONLY?

               (01) YES **[TERMINATE]**
               (02) NO   **[SKIP TO LANG2]**

LANG2   **WHICH LANGUAGES WERE NEEDED TO COMPLETE THIS INTERVIEW?**

               LANG2X01 ENGLISH
               LANG2X02 SPANISH
               LANG2X03 ARABIC
               LANG2X04 CANTONESE
               LANG2X05 FRENCH/CREOLE/HAITIAN
               LANG2X06 ITALIAN
               LANG2X07 JAPANESE
               LANG2X08 KOREAN
               LANG2X09 MANDARIN
               LANG2X10 POLISH
               LANG2X11 PORTUGUESE
               LANG2X12 TAGALOG/FILIPINO
               LANG2X13 VIETNAMESE
               LANG2X14 ANOTHER LANGUAGE

               [IF LANG2X01 AND LANG2X02 SELECTED > GO TO LANG3 / ELSE TERMINATE INTERVIEW, GO TO COMMENTS]

LANG3   **WAS THIS INTERVIEW COMPLETED "MOSTLY IN ENGLISH" OR "MOSTLY IN SPANISH"?**

               (01) MOSTLY IN ENGLISH
               (02) MOSTLY IN SPANISH
               (03) ABOUT HALF AND HALF

               [TERMINATE INTERVIEW. GO TO COMMENTS]

COMMENTS

[TIME STAMPS SECTION ENDTIME]

CALLBACK / REFUSAL CONVERSION SCRIPT

FOR RETURN PHONE CALLS/REFUSAL CONVERSION CALLS IN CSHCN

INTRO_1   Hello, my name is ____. I'm calling on behalf of the Centers for Disease Control and Prevention. We started an interview with you or someone in your household about the health of children and teenagers. I'm calling back now to finish the interview. (IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

BE SURE TO CONFIRM THAT YOU ARE SPEAKING WITH THE SAME PERSON WHO STARTED THE INTERVIEW. THE PERSON WHO STARTED THE INTERVIEW MUST COMPLETE THIS INTERVIEW.

S1   Am I speaking to someone who lives in this household who is over 17 years old?
IF NO, ASK "Is there someone who lives in this household who is over 17 that I may speak with?"

(01) YES, I AM THAT PERSON   **[IF (S.C.) IS SELECTED > GO TO REMIND1/ ELSE CONTINUE WITH INTERVIEW]**
(02) THIS IS A BUSINESS   **[SKIP TO SALZ_BUS]**
(03) NEW PERSON COMES TO PHONE   **[SKIP BACK TO INTRO_01]**
(08) DOES NOT LIVE IN HOUSEHOLD   **[CALLBACK, SET DISP AND TERMINATE]**
(09) NO PERSON AT HOME WHO IS OVER 17   **[SKIP TO S2_B]**
(99) REFUSED   **[GO TO REFUSAL CONVERSION, SET DISP AND TERMINATE]**

HELP SCREEN (S1): IF R SAYS 'GROUP QUARTERS': BARRACKS, DORMITORIES, HOSPITALS, SCHOOLS SHOULD BE CODED AS "DOES NOT LIVE IN HOUSEHOLD"

SALZ_BUS   We are interviewing only private residences. Thank you very much. **[ENTER DISPOSITION AND TERMINATE INTERVIEW AND SET ITS=38]**

S2_B   Does anyone live in your household who is over 17 years old?
(01) YES > When would be a good time for me to call back and talk to that person?
[SCHEDULE APPOINTMENT]
(02) NO **[TERMINATE INTERVIEW]**
(88) EMERGENCY, NO CHILDREN **[GO TO SF9]**

REMIND1   I want to remind you that we will be asking questions about **(S.C)** for the rest of this interview.
[CONTINUE WITH INTERVIEW AT POINT OF BREAKOFF]

ANSWERING MACHINE MESSAGES

Answering Machine Message (FOR CASES WHICH HAVE NOT COMPLETED NIS SCREENING/INTERVIEW)

USE CURRENT NIS ANSWERING MACHING MESSAGE WORDING

(PLEASE READ SLOWLY AND CLEARLY.) Hello. I am calling for the Centers for Disease Control and Prevention. We are conducting a nationwide study about childhood immunization. Would you please call us toll-free at 1-800-290-1296 to let us know whether or not there are any children between 12 months and 3 years old living or staying in this household? The number again is 1-800-290-1296.   Thank you.

Answering Machine Message (FOR CASES PAST NIS SCREENING/INTERVIEW AND AUG. SAMPLE)

(PLEASE READ SLOWLY AND CLEARLY.) Hello. The Centers for Disease Control and Prevention is conducting a survey about the health of children and the use of medical services. Your telephone number has been selected at random. Would you please call us, toll-free, at 1-800-290-1296 to let us know whether or not there is a child under 18 years old living or staying in this household? For most people, the survey will be very brief and we would be glad to answer any questions you have. The toll-free number again is 1-800-290-1296. Thank you.

Answering Machine Message (FOR CASES THAT HAVE BEGUN CSHCN INTERVIEW)

(PLEASE READ SLOWLY AND CLEARLY.) Hello, my name is_____I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier we spoke to someone in this household who answered questions as part of a survey we are conducting about children's health. We appreciate your participation in this important study, and would like to complete the interview as soon as possible. You may reach us at 1-(800) 290-1296 to complete the survey or to set an appointment at your convenience. The number again is 1-(800)-290-1296. Thank you.

Answering machine message at close down of the quarter / close down of data collection efforts:

(PLEASE READ SLOWLY AND CLEARLY.) Hello. The Centers for Disease Control and Prevention is conducting a survey about vaccinations received by children, the health of children, and use of medical services. Your telephone number has been selected at random. Would you please call 1-800-290-1296 toll-free to let us know whether or not there are people less than 18 years old who are living or staying in your household? For most people, the survey will be very brief and we would be glad to answer any questions you have. The study will be over in the next few days, so please call as soon as possible. The toll-free number again is 1-(800)-290-1296. Thank you.